

# ORAL HYGIENE

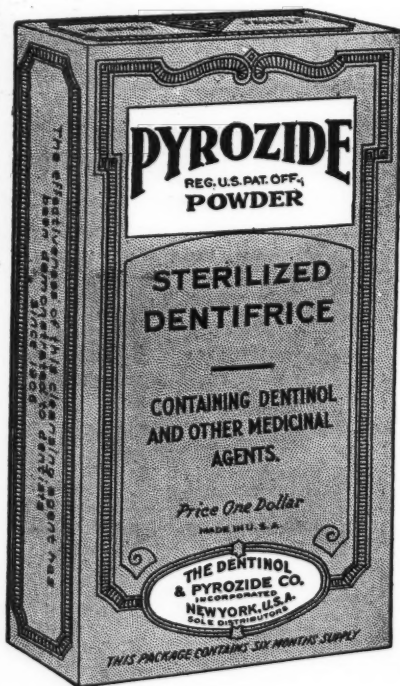
SEPTEMBER  
1930



Published by  
**LEE S. SMITH & SON CO.**  
Pittsburgh, U. S. A.

# Better Results . . . Better Cooperation

*Two reasons why more patients are  
being instructed to use—*



## PYROZIDE POWDER

(medicated dentifrice)

Gum-gripped teeth are the teeth for long service.

The gum-hardening and gum-stimulating properties of Pyrozide Powder suggest its use as a co-operative medium in reducing soreness of impaired gum-tissue.

Pyrozide Powder helps to restore and helps to maintain the "grip" so indispensable in making the teeth do good work for life.

**PRESCRIBE**  
*Pyrozide Powder*  
**COMPARE RESULTS**

### FREE SAMPLES COUPON

The Dentinol & Pyrozide Co., Inc.

Sole Distributors

1480 Broadway, New York, N. Y.

Please send Pyrozide Powder samples and booklets for my patients.

Name \_\_\_\_\_ O.H.S. D.D.S.

Street \_\_\_\_\_

City and State \_\_\_\_\_



# What bacteriological tests on 41 different brands of tooth pastes showed

**First** That all of them contained adequate cleansing agents—

**Second** But only a few of the 41 preparations tested had any noteworthy antiseptic action at all. And when tested under conditions of dilution simulating those existing in the mouth, not a single one was found capable of destroying *Staphylococcus aureus* even after five minutes' exposure.

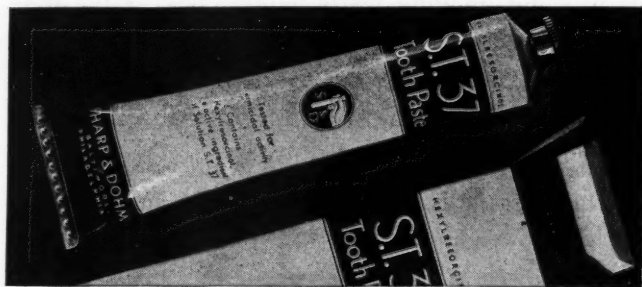
**Third** That the various types of bacteria common in the mouth are killed in less than 15 seconds' contact with S. T. 37 Tooth Paste.

*(Reported in Dental Cosmos and the Journal of the American Dental Association.)*

**T**HIS amazing germicidal activity of S. T. 37 Tooth Paste is due to Hexylresorcinol, active ingredient of Solution S. T. 37. Tests show that S. T. 37 Tooth Paste produces an immediate, highly antisepticized condition in the mouth, and that its effect lasts for hours.

S. T. 37 Tooth Paste offers you a means to new, more complete mouth health. These are benefits you will want for yourself and for your patients.

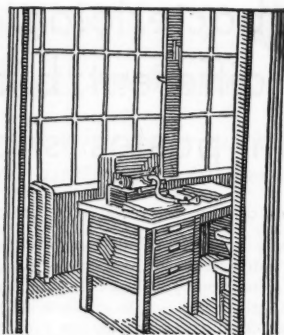
Try S. T. 37 Tooth Paste today and recommend it to all your patients. 50 cents at all druggists.



## SHARP & DOHME

BALTIMORE • PHILADELPHIA

THE  
*Publisher's*



No. 1

# C O R N E R

*By Mass*

Click, click, click, click—the teletype is announcing a telegram. Miss Heslip touches a gadget or two and out starts the little paper ribbon.

Slowly, deliberately the little white strip inches its way out, moving to the click, click of the type bars as, letter by letter, it is stamped with: “A siege of grippe knocked me out for a few days stop Will leave for home on the sixteenth stop Wire report of September issue.”

The message is from San Francisco and is signed by Mass.

We are sorry about the Boss' illness, but we are glad that we can send him a favorable report—“Everything on schedule and moving along okay.”

That is a nice report for any boss to get when

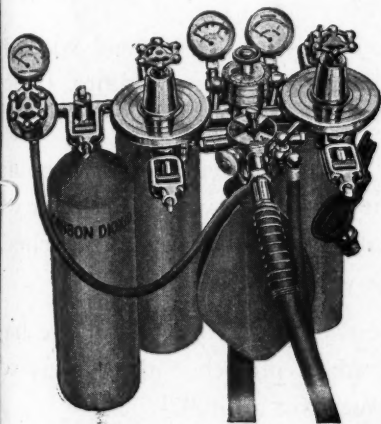
# HEIDBRINK

## HIGHEST QUALITY ENGINEERING

### HEIDBRINK DENTAL UNITS

Designed, manufactured, and sold with the one idea of giving you an adequate apparatus that is absolutely reliable and safe—one which you can operate with pleasure and profit.

Send today for your copy of our new Catalog 7.



*Carbon Dioxid Attachment Shown*

### MAVES NO. 3 INLAY WAX

#### GREEN OR BLUE

A superior inlay wax for all methods, especially adaptable for wax pattern expansion techniques.

Sticks and cones

**\$1.00**

*The* **HEIDBRINK COMPANY**  
*Minneapolis Minnesota U.S.A.*

he is three thousand miles away from his factory.

We all settle down to work again, thinking how lucky the boss is to have a competent crew like us to handle things in his absence, when in comes Cooper.

Cooper is the printer. That is, he is the boss of the printing end of producing the magazine. Koop, as we call him, is a very nice chap. Knows his business. Very competent, but like all printers he has one failing—with a whole shop full of machines, type and printing hickies, he can't print a thing without copy.

Koop just can't seem to do a bit of good without copy. He gets quite insistent for it sometimes. It becomes very irritating on these hot days.

We can tell by his expression that what he is going to say will have something to do with copy. But we are not concerned. Isn't everything in and on schedule? Haven't we just wired the boss?

"Well, Koop," we say, "Everything is in the bag now. The boss will sure be pleased with the way we have handled this issue. Not a hitch."

"Yeah," says Koop, "Where's the Corner?"

There is a moral in that remark of Koop's. Not exactly in his remark but in its effect upon an otherwise pleasant situation. Our pride for having done, what we thought, a good and complete job is knocked

■► for pain ■■



*From  
a mask  
depicting  
pain  
by  
Bocklin*

**ALLONAL**  
*"Roche"*

sideways. We felt very unpleasant about it. Koop could have been more gentle with his reminder instead of saying those few words in such a way as to recall to us the proverb, "Don't count your chickens, etc."

We can't answer Koop's question. The Corner just isn't. And we are too displeased with both Koop and ourselves to try to argue about the location of something that doesn't exist.

"How about the Corner's ghost?" says somebody. "Last May when the Boss was sick, the ghost wrote the Corner and did a darned good job of it."

The ghost idea sounds good, but ghosts are impulsive writers. It is hard to keep them on schedule, and besides how do we know that the Corner's ghost will work a hot night like this. No, the ghost won't do. We are up against it.

There is an old military adage that says: "When in an emergency do something. If you do the right thing, you get a medal. If you do the wrong thing, you get shot. But do something."

The Boss is in California. The Corner isn't in. The book is ready for press. Here is an emergency that would get a high rating from the most discerning emergency collector.

Now that the emergency is established, we must do something. We will write the Corner. Writing a Corner isn't difficult. The Boss knocks one out in

## AIDING in the correction of Oral Acidity and thick, ropy saliva

**A**CIDITY of the saliva and  
gingival degeneration  
are often the result of dis-  
turbed metabolism.



Thus, to correct oral acidity—and the thick ropy saliva that accompanies it—bodily functions must be kept in good working condition and the normal vigor of the kidneys, liver and intestines must be restored.

Sal Hepatica, the standard effervescent saline, is recommended as an aid in correcting oral acidity.

It is the approved treatment to alkalize the system. It stimulates the absorptive, excretory and motor functions of the alimentary tract, accelerates the removal of waste products and systemic toxins—thus maintaining a more healthy blood stream.

# ★ ★ Sal Hepatica ★ ★

MEMO to Bristol-Myers Co., 75L West Street, N. Y. C.

Without charge or obligation on my part kindly send me samples of Sal Hepatica to be used for clinical purposes.

Name \_\_\_\_\_ M. D.

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_



about thirty minutes. Anybody that writes regularly will tell you that the best way to write anything is just to sit down and start writing. So here goes.

---

## The Corner


First, we want it to go in the record that never again will we get all het up over how good we are, and how lucky the Boss is to have us here to help him.

Hereafter anytime we are tempted to strut our cleverness, we will remember the stinging rebuke of Koop's words, "Where's the Corner?"

Twice during these past few years we have looked out——

"What's that Koop?" (He's in again) "The Corner? Oh, yes, the Corner. We just started writing it.

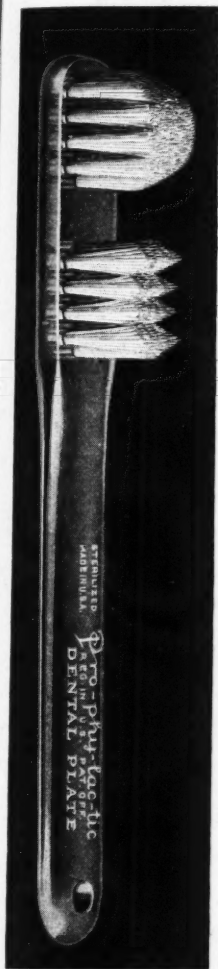
"Well, if you must have it, here it is but we intended to write a really fine Corner."



A

Ha  
At a

## A GIFT FOR YOUR PATIENT



### PRO-PHY-LAC-TIC PLATE BRUSH

We know a dentist who presents every plate case with this sturdy man's-size brush. He buys them by the dozen at his druggist's. He considers the 50¢ which each brush costs a wonderful investment, because it starts the patient right in caring for his denture, insuring not only sanitation but a more satisfied case.

**Pro-phy-lac-tic Brush Company**  
**Florence, Mass.**

**Have you tried our HAND BRUSH, Doctor?**

**At all drug stores, \$1.00 . . . with money-back guarantee**

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September, 1930

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# ORAL HYGIENE

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*A Journal for Dentists*

TWENTIETH YEAR

SEPTEMBER, 1930

VOL. 20, No. 9



*"You've been so sweet to me, Doctor, I  
made this for your office."*

# COLORADO CONVENTION

## *Comments*

*By T. N. Christian, D. D. S.,*

ASSISTANT PUBLISHER, ORAL HYGIENE

Being an account of the Seventy-Second Annual Session of the American Dental Association, held in Denver, Colorado, July 21st to 25th, 1930.

SEVENTY years ago covered wagon trains wound their way across the arid, untamed Western plains—Colorado bound. The pace was slow and the trail was tortuous but these little groups of empire builders were undaunted at the hardships and dangers. Beyond the horizon lay their land of dreams, the fulfillment of all their hopes and plans. Life was hard in those days but the stakes were high and their courage unbounded.

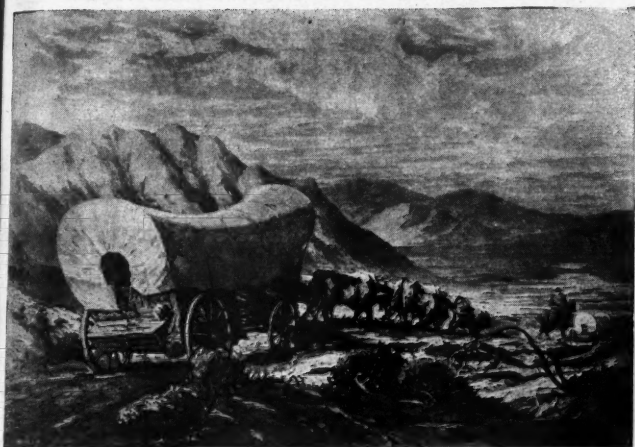
In some of these pioneer trains were dentists. Not polished, highly-trained, scientific dentists as we know them today but men who had learned their profession by the dint of strenuous work and uncharted experience. As forbears of our present profession they were men to be admired and praised.

It is not known whether these early Colorado-bound dentists sought the practice of their profession or were merely following the gold lure of the late '50's which gripped the entire nation and caused entire communities to change their places of abode overnight.

We do know, however, that many of them stayed to practice dentistry and that they were the forerunners and nucleus of Colorado's splendid dental organization of today. Gold in its metallic form or in that more precious, intangible state known as human appreciation, was the lode they found at the end of their trails.

### THE RUSH OF 1930

How different was the rush of dentists to Colorado in the year 1930! They were not lured by gold but instead they



From an oil painting by Tonge.

### *Covered wagon days*

sought knowledge—and the enchantment of Colorado's glorious mountains.

It is interesting to compare the modes of travel during these two periods. High-powered automobiles challenged the miles, luxurious trains made the discomforts of other years seem incomprehensible and even airplanes helped to mock the covered wagon's measured meandering along the uncertain trails.

Will Time serve to make *us* appear as primitive in our present accomplishments?

### IT WAS A GOOD MEETING

The first question one hears upon returning from a dental convention is, "What kind of a meeting was it?" Dental conventions are judged in many ways but the only honest evaluation is the quality of the sci-

entific contributions and the interest displayed by the attending members.

The Denver Meeting was in every way a good meeting. In point of gross attendance it was not as large as some of the national meetings held in recent years but in actual attendance at lectures and clinics and in the interest shown, it was a genuine success.

Lecturers and clinicians reported that they noted a refreshing and inspiring interest in all sessions and for the most part an entirely new type of audience. It must be remembered that the Rocky Mountain section of the country has not had a national dental convention in many years and these men were intensely eager for the information offered at the meeting. The last national convention held in Denver was exactly twenty

years ago during the same week of the year.

The attendance at the meeting was approximately 2400 American Dental Association members, with a total attendance of 5500, inclusive of dental hygienists, dental assistants, exhibitors and visitors. This was about 900 fewer members than at the meeting in Washington in 1929.

### THE NEW PRESIDENT

Colonel Robert Todd Oliver, who took the office of President at the Denver Meeting, is the first regular army officer to hold this office. Colonel Oliver, through his many years of army training and service, presents that rare combination of executive and scientific mind. In stature, bearing and action he is every inch the leader and is a fitting head for such a great group as the American Dental Association.

Colonel Oliver is a veteran of four wars and wears the decorations of two countries. He entered the service in 1901, served in the Spanish-American War, the Filipino Insurrection, the Boxer Rebellion, the Punitive Expedition into Mexico and the World War.

During the World War he was awarded the Distinguished Service Cross by the United States and the Croix de Guerre by France.

Colonel Oliver is largely responsible for the raising in rank of army dentists to the equal of army surgeons. Today there

are 158 dentists in army service, or one for every thousand enlisted men.

Besides being Chief of the Dental Corps of the United States Army he is instructor in military tactics and dental science at the University of Pennsylvania, Philadelphia. He will be retired from active service next year at the age of 64.

In one of his Denver speeches Colonel Oliver stressed the importance of the dentist's obligation as a citizen in his community. He told about the increasing amount of Red propaganda that is being disseminated throughout the country in an effort to undermine the structure of our government. The dentist, due to his intimate association with his patients, is in a particularly advantageous position to counteract much of this harmful propaganda and Colonel Oliver called upon the entire profession to aid in this work.

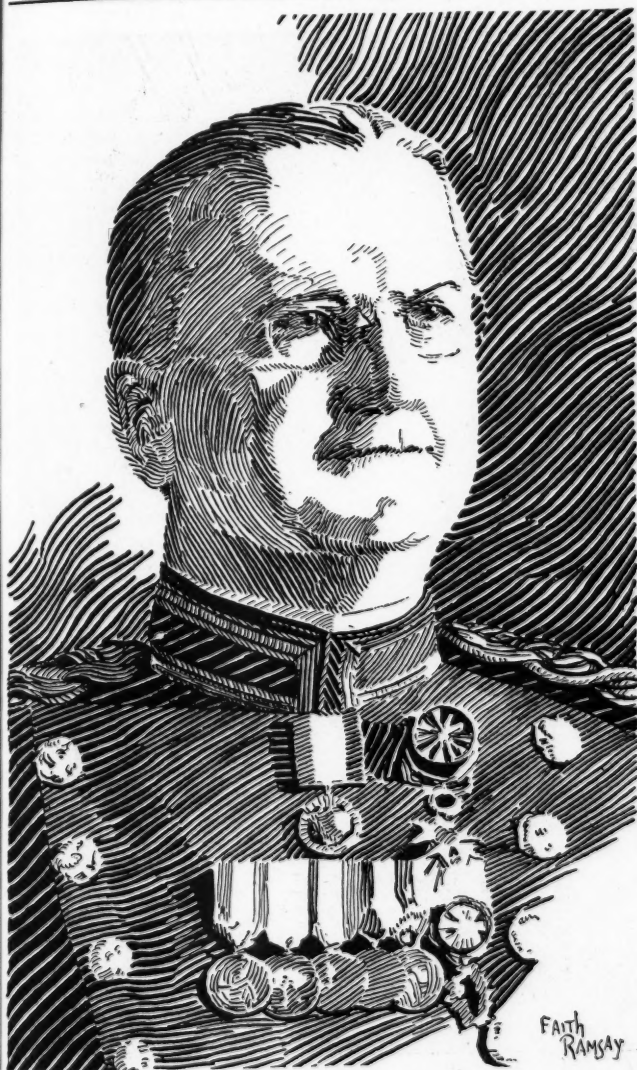
### THE PRESIDENT-ELECT

Martin Dewey of New York City, founder of the Dewey School of Orthodontia and known for his contributions to orthodontia, dental anatomy and kindred studies, was chosen as President-Elect to serve during the term of '31 and '32.

Dr. Dewey, who is also editor of the *International Journal of Orthodontia, Oral Surgery and Radiography*, is the first dentist from New York City to be elected to the presi-







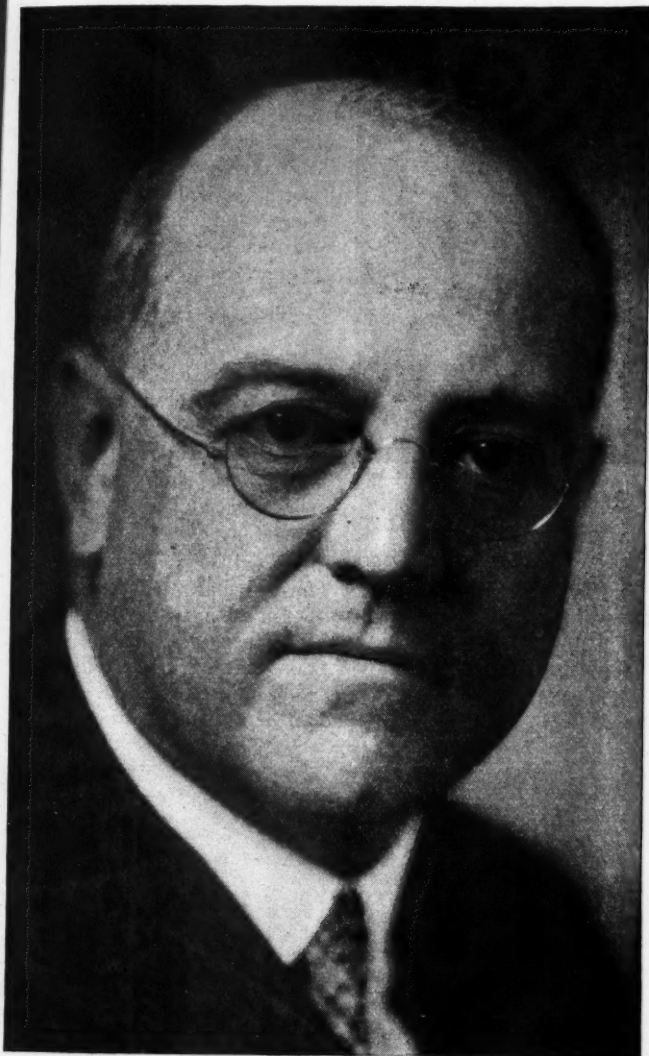
Oral Hygiene sketch.

*Colonel Robert Todd Oliver, president*



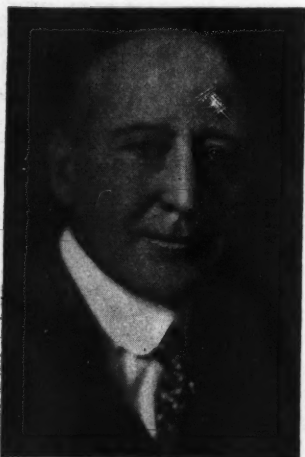
Denver News photo.

*Martin Dewey, the president-elect*



*R. Boyd Bogle, the retiring president*

Harris & Ewing.



G. Allen Lainsou.

*Max Giesecke of Denver,  
elected first vice-president*

dency of the American Dental Association and also, we believe, the first orthodontist.

#### PAST PRESIDENT'S EFFORTS APPRECIATED

The Retiring President, R. Boyd Bogle, was given credit

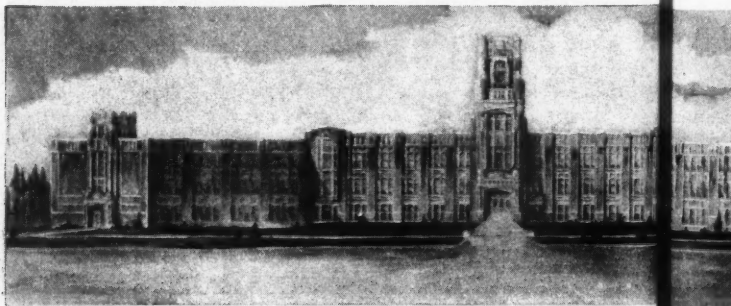
for much of the important legislation brought about during his administration. He has been a tireless worker and has inspired confidence among his fellow officers by his earnestness and cordiality. Some very noteworthy work has been done by the past administration and the way has been paved for even greater changes.

#### MEMPHIS GETS THE 1931 MEETING

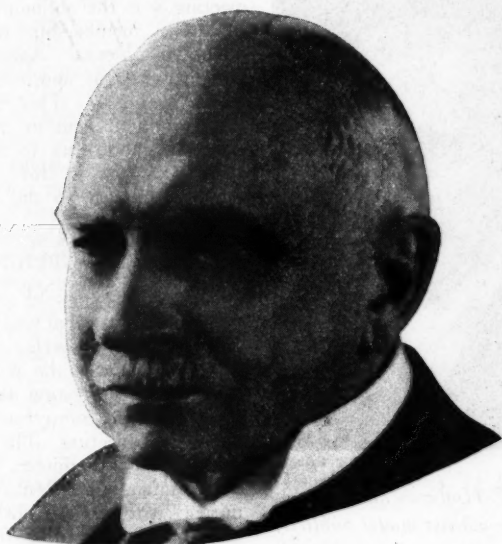
Memphis has battled determinedly for the past two years for the meeting and very deservedly won it for 1931. The only other bidder was Buffalo, which extended a very tempting invitation.

It will be a very good thing for Memphis and the entire South to have the meeting go there next year and it is certain that Memphis will prove to be an excellent host. The exact date of the meeting has not

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*The West Denver high school with commercial hall*

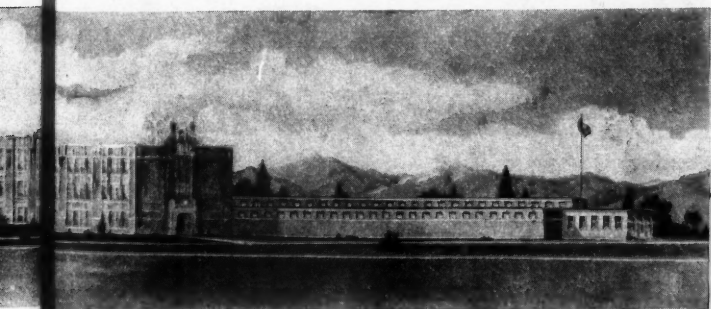


*C. N. Johnson, re-elected editor of the A.D.A. Journal*

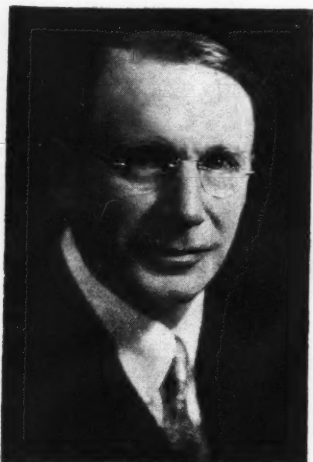
been announced as yet but it is understood that it will be some time in October, so that the weather will be cool and pleasant.

### A.D.A. MEMBERSHIP INCREASES

One of the interesting and encouraging developments of the



*Committee hall at right*



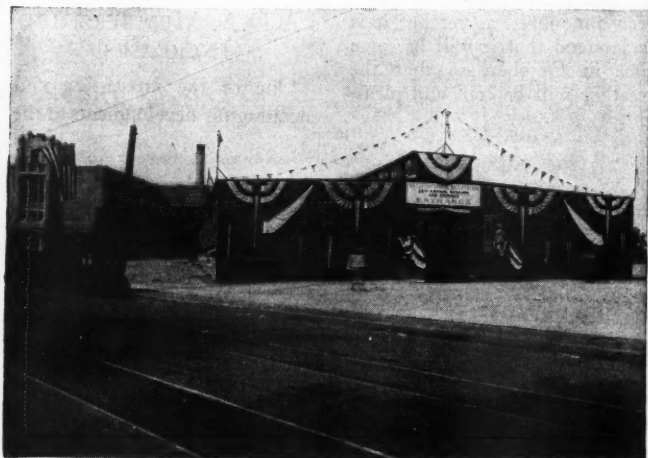
G. Allen Lainson.

*Henry F. Hoffman and his committee broadcast model publicity*

meeting was the announcement that the membership of the American Dental Association had increased by approximately 1800 members. This is the largest annual gain in the last six years, according to the retiring president, R. Boyd Bogle, who reported it to the House of Delegates.

### DENVER PUBLICITY EXCELLENT

The publicity that was broadcast prior to and during the entire meeting was the most accurate and interesting that we have read in connection with any dental meeting. The chairman of this committee, Henry F. Hoffman, and his entire committee worked diligently for months in preparation for this



*Commercial exhibit hall*

File High photo.

and were able to see the co-operation of the newspapers and to inspire in them a desire to publish intelligent reports of the meeting.

The publicity end of a dental convention is often given too little consideration and the material that goes into the newspapers is sometimes more harmful than helpful. The natural tendency of reporters to make great sport over the pain connected with dentistry should be curbed and in its place a desire instilled to tell the public of the many advantages to be had through adherence to oral hygiene.

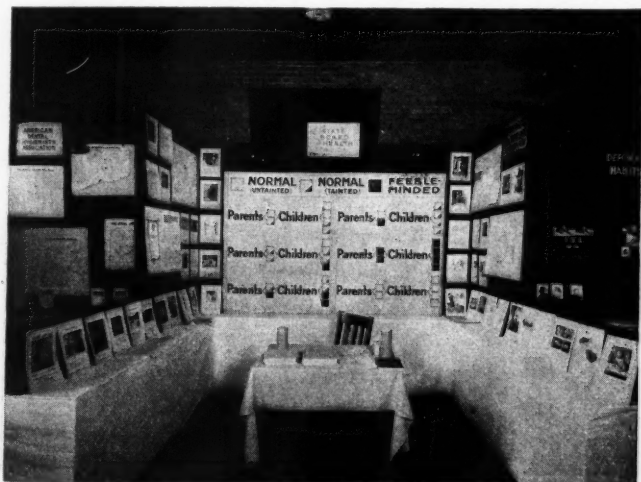
#### LOCAL COMMITTEE DESERVES PRAISE

The entire local committee of Denver deserves praise for the



Wallinger photo.

*Harry B. Pinney of Chicago, was re-elected as secretary of the A.D.A.*



Mille High photo.

*Colorado State Health Board exhibit*





G. Allen Lalson.

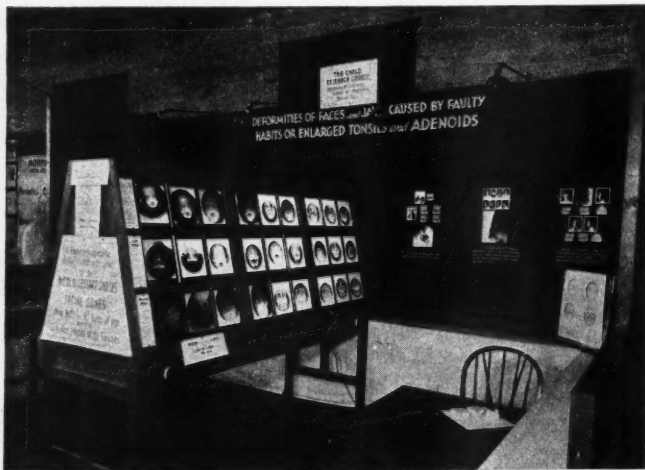
*Ezra E. Schaefer handled the commercial exhibits efficiently*

excellent manner in which the meeting was handled. A splendid place was provided for the meeting, the West Denver High School being ideal with its many classrooms and auditoriums.

Hotel accommodations were ample to care for the needs of everyone and there were many expressions of approval over the fact that there was no visible attempt to apply tourist rates in any of the hotels, restaurants or stores. Denver has the true sense of Western hospitality.

### C. N. JOHNSON RE-ELECTED EDITOR

The Board of Trustees re-elected C. N. Johnson to the editorship of the *Journal of the American Dental Association* for another period of five years.



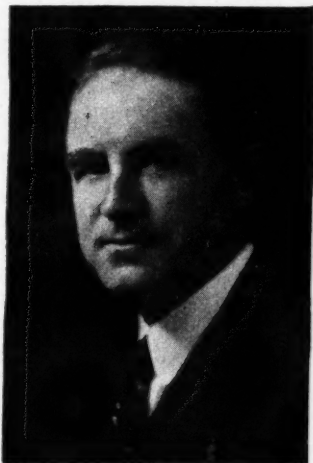
Mile High photo.

*University of Colorado Medical School exhibit*

Dr. Johnson has done a splendid work for many years on the *Journal* and is largely responsible for its success and recognition as a scientific publication.

### CHRISTMAS SEAL SALE INCREASES

It was also reported at the meeting that the sale of Christmas seals exceeded that of other years. This is encouraging because a great deal of assistance has been rendered to indigent dentists through this one source of income. Next December, when you receive seals from the committee, remember that the money derived from this source is actually going to relieve the suffering of many dentists who are too old and infirm to assist themselves.



G. Allen Lainson.

*Arthur G. Kelly and his committee provided splendid entertainment for everyone*



Mile High photo.

*American Dental Assistants Association exhibit*



G. Allen Lainsen.

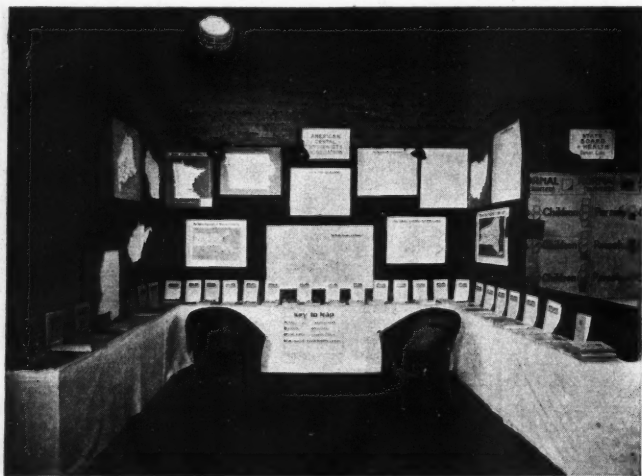
*R. L. Gray and his information committee told them where to go and how to get there*

## OTHER OFFICERS ELECTED

Other officers elected at the meeting were Max Giesecke of Denver as first vice-president; Rush P. Abbott of West Point, Mississippi, as second vice-president and Ernest W. Wilson of Sioux Falls, S. D., as third vice-president.

Harry B. Pinney of Chicago and R. H. Volland of Iowa City were re-elected secretary and treasurer, respectively.

Three members of the Board of Trustees were also re-elected: Edward H. Bruening of Omaha, W. O. Talbot of Fort Worth and Harvey J. Burkhart of Rochester, New York. One new trustee was chosen, A. C. Warry of San Francisco.



Mile High photo.

*American Dental Hygienists Association exhibit*

## RESEARCH FOUNDATION APPROVED

One of the important steps taken at the meeting was the establishment of a research foundation to be known as the American Dental Foundation, Inc.

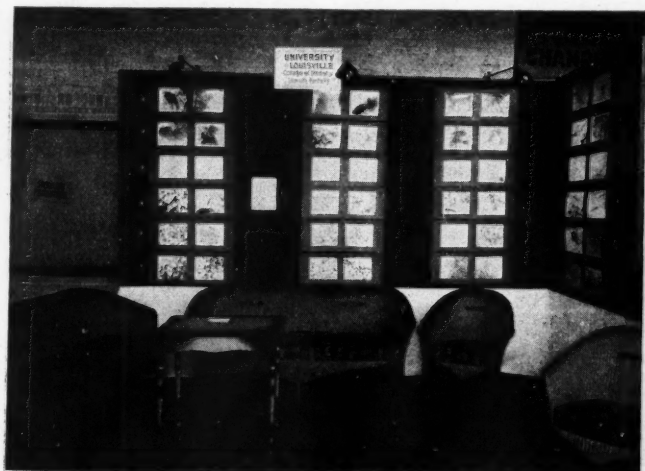
The purpose of this foundation will be to carry on investigations, lectures, publicity and in other ways to co-operate with society through contact with corporations and individuals for the advancement of dentistry. Endowments for the promotion of public oral hygiene will be encouraged through this foundation.

This foundation will be representative of the entire profession and will bring about advances in dental science as well



G. Allen Lainson.

*Harry B. Talhelm, president of  
the Colorado State Dental  
Association*



Mile High photo.

*University of Louisville exhibit*

as a closer understanding with the public. ORAL HYGIENE hopes to publish a more complete description of the aims and working plans of this foundation in an early issue.

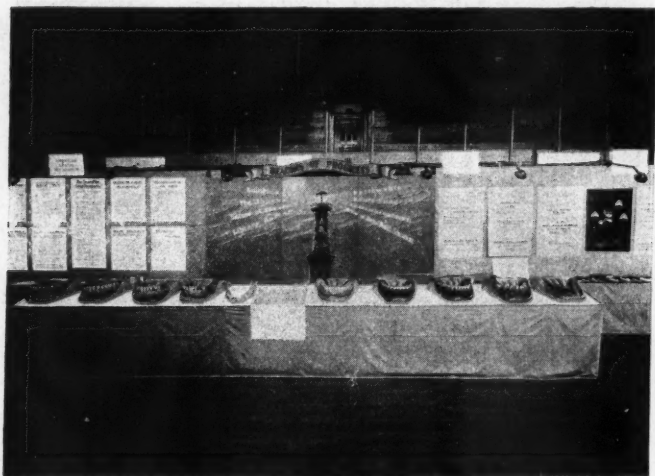
### INSURANCE COMMITTEE REPORTS SUCCESS

The Group Insurance Committee, through its chairman, Fred A. Richmond of Kansas City, Kansas, reported very encouraging progress during the past year. In an interview with ORAL HYGIENE, Dr. Richmond stated that approximately 9,000 policies had been issued to date and that up to and including July 12th, 24 death claims totaling \$62,000 had been paid. Two total disability cases have already been reported.

The Group Insurance Plan

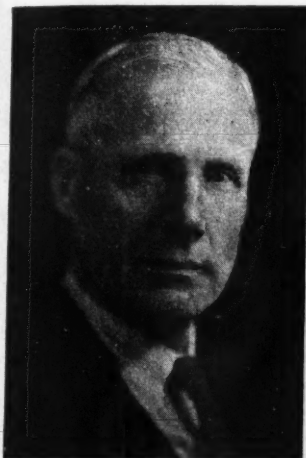
for American Dental Association members not only provides excellent protection but supplies insurance without examination at a minimum cost. Those who have accepted this plan are heartily in favor of it and only regret that the limit of coverage for each member is placed at \$3,000.

Dr. Richmond presented some letters from beneficiaries which serve to show the satisfaction with which this plan is working out. Here are two excerpts from typical letters received: "I am in receipt of your check for the policy of my husband, Dr. \_\_\_\_\_, and I wish to thank you for your promptness in sending the same. Dr. \_\_\_\_\_ died on the 7th of May and my check came on the 29th. Papers had to be



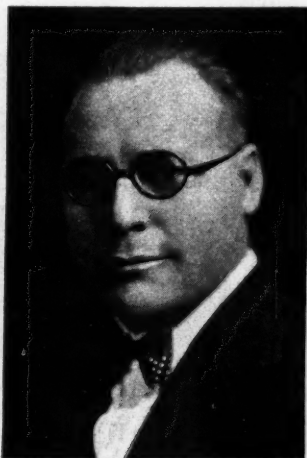
Mille High photo.

*American Dental Association exhibit*



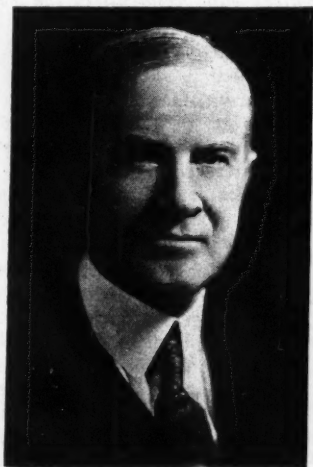
G. Allen Lainson.

*R. A. Adams arranged for  
associated groups*



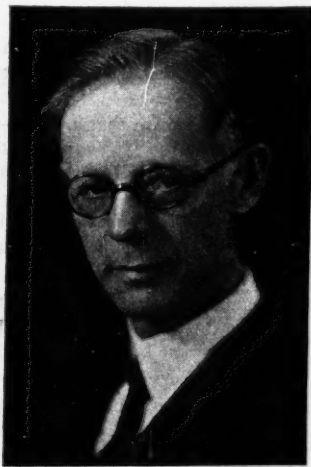
G. Allen Lainson.

*F. W. Beesley, local clinic  
chairman*



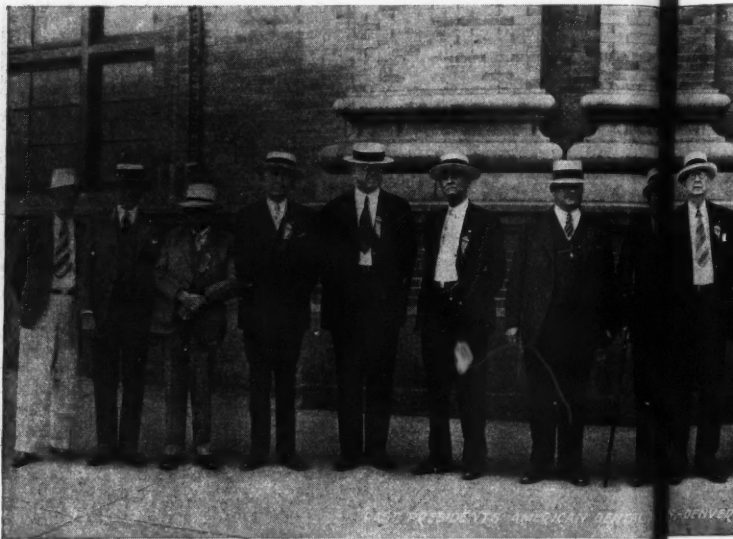
G. Allen Lainson.

*George R. Warner, in charge  
of registration*



G. Allen Lainson.

*Mallory Catlett, transportation  
and reception*



Seventeen past presidents of the American Dental Association

sent all the way to California and back again, causing what delay there was.

"It doesn't seem that any dentist can afford to be without this insurance and I shall do all in my power to tell everyone I come in contact with about the service which you have given me in this matter."

And here is a letter that tells a story of its own: "I have yours of the 13th inst., enclosing check for \$3,000 in full payment of the life insurance policy carried by my husband in the American Dental Association for my benefit. This enables me to help my son complete his course in medicine with

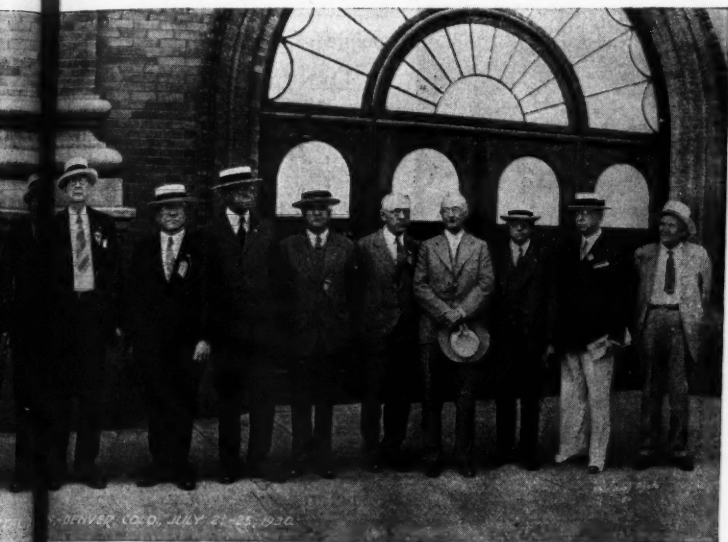
which he is now only partially through.

"Permit me to express my thanks to the Association for the promptness with which this claim was settled and to congratulate it on the ability to render such satisfactory service to its members."

If you have not already subscribed to this Group Insurance Plan get in touch with Dr. Fred A. Richmond, Federal Reserve Life Building, Kansas City, Kansas, and have him send you complete particulars. This insurance is not costing the Association one cent but its members fortunately can obtain complete, reliable coverage at remarkably small cost.

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*Dental Association. Long may they live!*

## THE GOLF TOURNAMENT

The first day of the meeting, chosen for the American Dental Association Golf Club's tournament, proved to be the only undesirable day during the whole week, rain and a sloppy course making low scoring almost impossible.

L. D. Rankin of Los Angeles won the championship with a score of 160 for the 36 holes. R. Albinson of Milwaukee was second with a score of 164.

The 76 shot by E. E. Bailey of Denver was the only score under 80. N. L. Zimmerman of Portland, Oregon, won the prize for the lowest net score for 18 holes with a 73.

Dr. George T. Gregg of Pittsburgh, winner for several years, was unable to attend.

## LABORATORY LEGISLATION DEPLORED

The retiring president stated that it is time organized dentistry take notice of the activities in some sections tending to lower the standards of practice. He cited as an instance the attempts made in some states to recognize and legalize laboratory men to do certain kinds of work. He felt that such legislation would result in an unwholesome influence on dentistry.



Kennedy photo.

*Fred. A. Richmond deserves credit for his work on A.D.A. group insurance*

### NARCOTIC LEGISLATION

During the past year legislation was successfully influenced in Congress to give dentistry representation on any narcotic

committees that might be appointed.

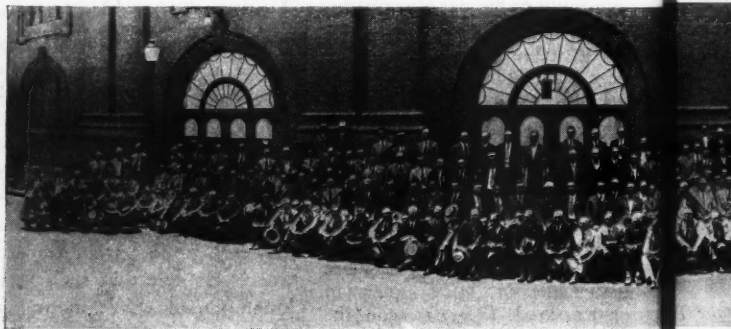
### DENTAL SERVICE IN PRISONS

The Committee on Dental Legislation reported that a bill had been passed by Congress and signed by the President authorizing the United States Public Health Service to provide medical and dental service in the Federal Penal and Correctional Institutions.

### RELIEF COMMISSION

During the past year 24 grants for relief have been made, ranging from \$100 to \$600 and totaling \$5,814.96. The amounts given to the various applicants are recorded in the office of the secretary and are open to inspection by any member of the Association.

During the five years that money has been available from this fund, 48 members have received aid. Some have received



*Some of those who attended general*

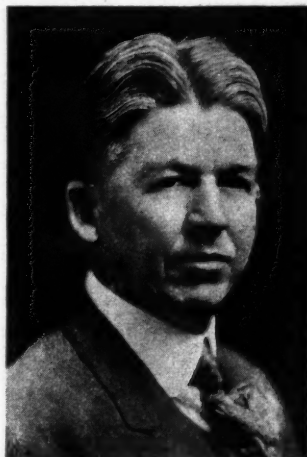
only one grant while others have received two or more. Five of these members have passed on during this period. The assistance rendered each year to unfortunate members certainly justifies the Relief Fund.

### \$31,400 GIVEN FOR RESEARCH

At the Washington Meeting, grants totaling \$31,400 were approved and appropriated for research purposes among 13 different agencies, 9 of these being educational institutions.

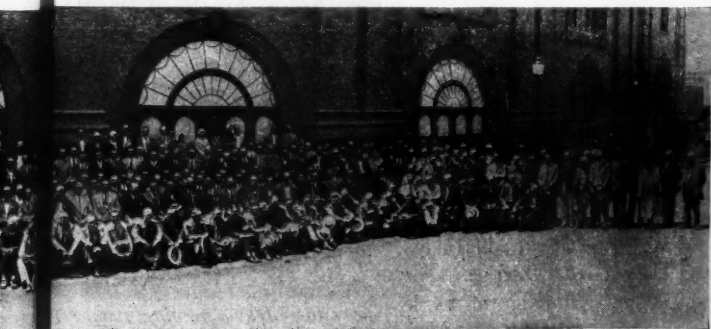
At the Denver Meeting, reports from these various grants were made and some very interesting and worthwhile investigations revealed. At the University of Minnesota, investigations were continued touching the role that the fatty acids play in inhibiting the action of pathogenic bacteria. This work was done under a grant of \$2,500.

At the laboratories of the



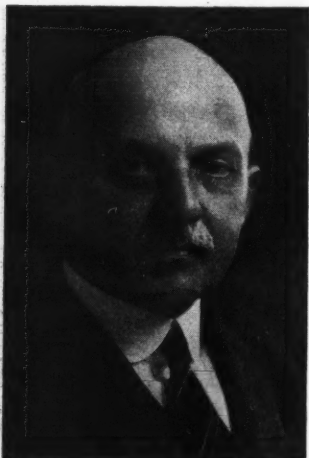
*Willis A. Sutton of Atlanta, gave one of the best talks of the session*

Forsyth Dental Infirmary and Harvard Medical School they have been carrying on experiments in feeding guinea pigs purified diets. A grant of \$3,000 was made for this institution.



*General session of the meeting*

Mille High photo.



Stein photo.

*Henry Banzhaf, past president,  
and speaker for second general  
session*

Northwestern University, University of California, University of Louisville, University of Michigan, Western Reserve University and Johns Hopkins University also reported valuable scientific contributions in various subjects.

The National Bureau of Standards was granted \$10,000 for research work on dental materials in the three general fields of Amalgam, Cast Gold Inlays and Cast Partial Dentures. Six papers and a clinic on this work were given at the Denver Meeting.

## CARNEGIE FOUNDATION APPROPRIATES \$25,000

Announcement was made by the Committee on Dental Education that the Carnegie Foundation has appropriated another \$25,000 for the study of the dental curriculum.

This committee also reported a trend in various parts of the country to eliminate the so-called commercial courses offered by trade houses, confining the educational process to bona fide educational institutions or to organized dental societies. A definite stand in this matter is expected to be taken in the next year or so.



Denver News Photo

*Walter E. Holl of San Francisco, who succeeded in passing resolution in House of Delegates to endeavor to obtain right for dentists to dispense whisky and brandy*

## NOMENCLATURE CENTERED ON LAND- MARKS OF FACE AND MOUTH

The Committee on Nomenclature reported that it had devoted its attention to an endeavor to standardize as much as possible the terminology of the anatomical landmarks of the face and mouth, which play such an important part in the esthetic phase of prosthetics.

Attention was called to a valuable booklet on anatomical nomenclature published during the present year, copies of which may still be obtained by writing to the chairman of the committee, L. Pierce Anthony, 211 South 12th Street, Philadelphia.



*R. H. Volland of Iowa City,  
treasurer of A.D.A.*

## MOTION PICTURE PROGRAM POPULAR

The motion picture program was popular this year, both with the members and the laity, who had been invited to see them. An unusual feature of the program this year was the reservation of each morning period for the showing of scientific and technical films of special interest to the profession. Some new films for lay education were also exhibited and provoked considerable interest among the many visitors.

## ATLANTA EDUCATOR TALKS

One talk that created a great deal of favorable comment was that given by Willis A. Sutton of Atlanta, Georgia. He is well



*A. E. Broomell of Mus-  
koka, Okla.*



*Paul N. Leech, director of  
A.M.A. chemical laboratory*



*Juliette A. Southard, president  
of American Dental Assistants  
Association*

known to dentists throughout the country for his interest in the possibilities of dentistry. He has also contributed to dental publications at various times.

Mr. Sutton is president of the National Educational Association and Superintendent of the public schools of Atlanta. He has been closely associated with boys for many years and has had many occasions to prove the value of oral hygiene.

So strong is his faith in boys that as school principal he has never suspended one boy, no matter what the offense. For this "heresy" he drew the criticism of other Atlanta school principals who *did* believe in suspending incorrigible youngsters.

"I will not suspend any boy from school and I faithfully carry out this principle. In consideration of the other principals I made this proposition: I offered to take charge of all the boys suspended from other schools.

"This challenge was accepted and 37 boys suspended from other schools entered my school. It was the acid test and don't think that I didn't have my hands full because they were not angels, by any means.

### CALLED IN DENTISTS

"After I had exhausted every other means of curbing them I called in five dentists and five physicians to examine them. The results were startling. Not one of the 37 had a clean mouth and a complete set of

sound teeth. One, I remember, had 11 abscesses in his mouth, while many others had bad tonsils, adenoids and other defects.

"Their mouths were cleaned up and they were given proper medical treatment. They were made healthy, happy boys. That removed the cause of their troubles in school also. Every one of them graduated from high school and all of them are doing well today.

### GAVE HIM HIS CUE

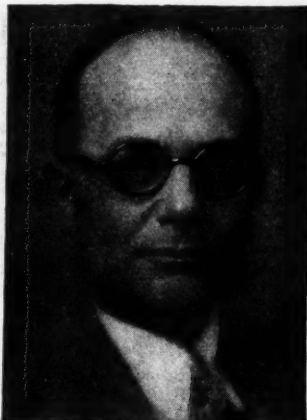
"That experience gave me my cue. I emphasized a health program in my school of 987 pupils. Examinations showed that 89 per cent of them were underweight. Twenty-eight per cent of them failed in their classes and in the aggregate they lost 5,600 days of school during the year.

"The health program was inaugurated with the result that only 28 per cent were underweight, only 8 per cent failed in their classes and the aggregate loss of school days for the year was reduced to 1,300."

### IMPORTANCE OF DIET EMPHASIZED

The importance of diet was emphasized at the meeting. Milton Theodore Hanke, who is identified with the University of Chicago, described the results of two years' experimentation at that institution, to show the value of the vitamin content of foods.

"The average American is



Harris & Ewing.

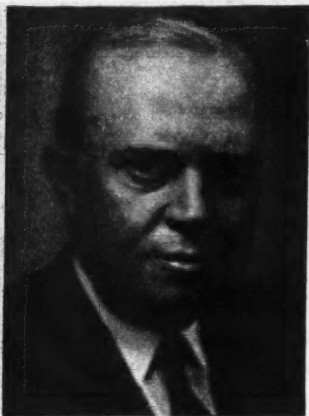
*Irwin R. Bertram, in charge of  
hall and hotels*



Harris & Ewing.

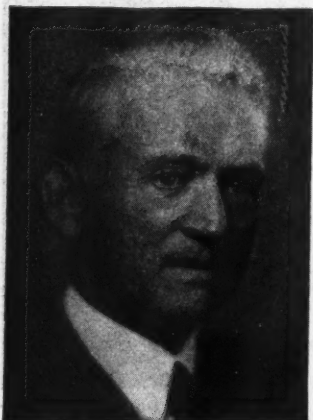
*Ralph L. Christy of Denver,  
vice-chairman of local arrange-  
ments committee*





Harris &amp; Ewing.

*Roy J. Rinehart, dean of Kansas City-Western Dental College, was prominent in all activities*



Harris &amp; Ewing.

*John D. Jordan, an active member from Arkansas*

deficient in vitamin C," Dr. Hanke asserted, "because the average diet does not contain it in sufficient quantities, although it is found in fresh vegetables commonly consumed. The human body cannot store this vitamin for long periods, the supply must be renewed every 24 hours.

"Experiments show that when vitamin C is added to the diet in large quantities, dental decay is arrested and formation of new decay is prevented. The ravages of pyorrhea have also been checked through this same method.

"The best results were developed when the diet of the children observed in the experiment was increased with the juice of one lemon and one pint of orange juice daily, in addition to milk, eggs, lettuce and other vegetables. The general health of children improved under this diet.

"A quart of orange juice daily for ten days effected a marked improvement in five cases of trench mouth observed at the University of Chicago."

### VITAMINS VARY WITH SEASONS

Weston A. Price of Cleveland also contributed a valuable paper to the study of diet when he told about the vitamin content of butter during the various seasons.

"Today's butter is not necessarily the same as yesterday's, even though it comes from the same cow. The butter fat of

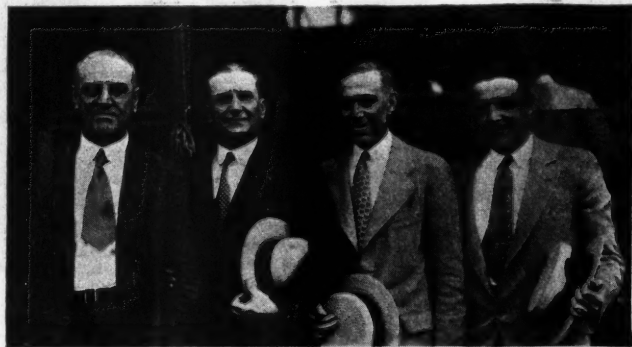




Denver Post Photo.

### *Come to Paris in 1931*

*Emile Huet of Brussels, Belgium, Georges and Madame Villain of Paris extended a most cordial invitation to the American dental profession to visit the Sixth International Dental Congress in Paris in 1931.*



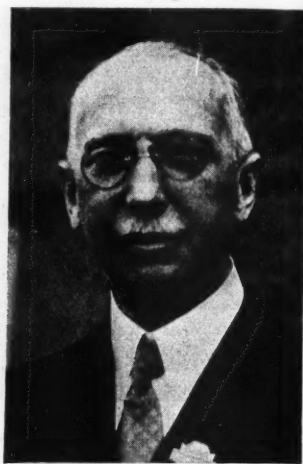
Denver Post Photo.

*Here are the men who did much of the organization work which made the meeting possible. From left to right they are R. Boyd Bogle, Colonel Robert Todd Oliver, Harry Pinney and L. T. Claridge.*



Anderson Photo.

*Homer Sheldon demonstrated a new Angle appliance*



Denver Post Photo.

*Colonel W. H. G. Logan of Chicago*



Ewing photo.

*H. J. Feltus of Baton Rouge, La.*



Denver News photo.

*Wallace Seccombe of Toronto, always a welcome visitor at meetings*

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Harris & Ewing.

*Mildred W. Dickerson of the Association of American Women Dentists*

one month is entirely different from that of another month, according to definite charts we have prepared in our laboratories.

"Taking the City of New York as an example, the mortality curve for pneumonia and heart disease reached its peak in February, at a time when the vitamin tide was at its lowest ebb.

"This change in the vitamin level is partially due to the chemical content of the grazing pastures. When cattle cannot obtain enough potassium, magnesium and other mineral essentials from their food, they are forced to draw upon the reservoirs in their bones and their milk is robbed of some of its vitamins."

## MANY FOREIGN DENTISTS AT MEETING

Among the prominent foreign dentists who visited the meeting were George A. Kennedy of Berlin, Georges Villain, accompanied by Madame Villain, Emile Huet of Brussels, Louis Mitchell of London and T. Satow of Rangoon, India.

Drs. Villain and Huet attended the meeting for the express purpose of inviting the American profession to Paris next August to attend the Sixth International Dental Congress. This will correspond with the congress held in Philadelphia in 1926, these meetings being held every five years.

Dr. Kennedy, although an American by birth, has lived in Germany for 25 years and has a great affection for the Ger-



Harris & Ewing.

*Sterling V. Mead is always prominent in surgery circles*



*C. J. Hollister can always give a good talk on oral hygiene*

man people. "Germany looks toward the United States today as her greatest friend," he said in an interview, "Their work in developing medicine and surgery is being continued. In dentistry America leads the world and the same is true in the automotive industry, although Germany is making fast strides in all lines."

Dr. Satow of India was the only dentist from India attending the meeting. He stated that there is a fertile field for dentists in India due to the immense population and the comparatively small number of dentists there.

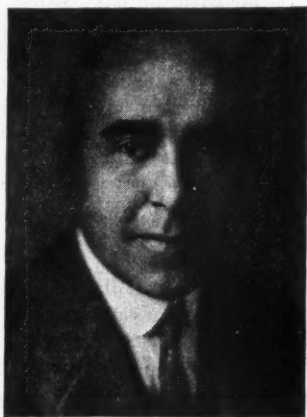
### HEALTH EXHIBITS

The health exhibitors at this meeting were particularly fortunate in having the most ideal

place in the building as quarters—between the commercial exhibits and the lecture halls. Due to this arrangement it was impossible for anyone to go into the scientific sections without passing through the health exhibits.

Such an arrangement would not have been necessary, however, for the exhibits themselves were not only attractive but interesting and instructive. Among the scientific exhibits, those of the University of Louisville, University of California and Western Reserve University were especially well-planned and educational.

Among the health exhibits, the American Dental Association had the largest and most elaborate display. There were



Harris & Ewing.

*C. Willard Camalier of Washington, D. C.*



Denver News photo.

*Weston A. Price of Cleveland,  
speaks on diet authoritatively*

many others of equal interest, pictures of which appear in this issue.

### SCIENTIFIC SECTIONS

In a cursory report of this kind it is difficult to give a detailed report of the many scientific papers read at the meeting. It was the general opinion of most of those who attended these sessions that while there did not seem to be a great deal in the way of new or revolutionary ideas, all the papers were sound, constructive and showed careful thought.

The sections dealing with full and partial denture construction, all types of castings, surgery and orthodontia seemed to draw the largest and most consistent attendance. Dental economics creates an increasing in-

terest each year. The paper read by W. N. Miller of Flint, Michigan, drew a lot of fire, to which Dr. Miller answered in kind.

### DENTAL CLINIC SECTION

The clinics on Thursday afternoon and continuing all day Friday were the finest that we have ever witnessed. Interest in them was very spirited and they succeeded in keeping most of the members at the meeting until the last moment.

There were 475 clinics altogether and they covered every conceivable phase of dentistry. A great deal of the success of this section is due to C. O. Flagstad of Minneapolis, General



Denver News photo.

*Harry Bear, president-elect of  
American Society of Oral Sur-  
geons and Exodontists*

Chairman of clinics and to F. W. Beesley, Local Chairman of clinics.

### ENTERTAINMENT

While entertainment should not be the most important feature of such a national meeting, there is no denying that it plays a prominent part in making a meeting a success and in causing most members to return year after year.

The entertainment committee at Denver certainly made the West's reputation for hospitality a reality. Denver has many natural advantages to assist in entertaining visitors but this committee saw to it that everyone, members, guests and their families enjoyed themselves. Tours throughout Denver's mountain parks for women visitors gave them some delightful recollections that they will always carry with them.

### A WORD FOR TRUSTEES AND DELEGATES

We believe that there is too little appreciation of the efforts of those who make these meetings possible, trustees, delegates and members of the various committees. These men work hard throughout the meeting and in many cases for weeks and months in advance and very often have no opportunity to

take advantage of the interesting and instructive parts of the meeting. Personal expressions of gratitude from members would help to make these men feel that their efforts are appreciated.

### ASSOCIATION OF AMERICAN WOMEN DENTISTS

The Association of American Women Dentists met during the general meeting and was well attended by women dentists throughout the country. While many of their activities are social, they accomplish a great deal of good for their own organization and for the dental profession as a whole. Women dentists are urged to join this organization. Those interested should write to Dr. Gladys Griffis, Paris, Texas, who is secretary-treasurer of the association.

### NOW FOR MEMPHIS

Unquestionably, the Denver Meeting was one of the most successful dental meetings of recent years and we are certain that all who attended it will remember it as such. Denver is to be thanked and congratulated for the part it played in the 72nd Annual Session of the American Dental Association.

And now for Memphis!



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# *Did you VISIT the* **CLIFF DWELLERS** *in COLORADO?*

*By John Steele, D. D. S.*

Colorado presented so many attractions other than the American Dental Association convention that a great many dentists took advantage of the opportunity to visit the historical and scenic spots throughout the State. Dr. John Steele of Denver has done a great deal of investigating into the pre-historic life of Southwestern Colorado and presents the following treatise for the benefit of those men who visited this section and for those who will in the future.

**I**N our lifetime, historical societies and scientists have been very busy reading in history of the lives and customs of a people who lived in Southwestern Colorado almost a thousand years ago. It has been no easy task, but one attended with great interest and filled with thrilling reward, as one discovery after another has been brought to light.

For some years the homes of these people, high up in the cliffs, have been gradually uncovered, still in good preservation and showing a remarkable skill in stone building. Accompanied with the removal of rocks and earth that have con-

cealed the buildings for centuries, other discoveries have been made that throw light upon the habits and lives of the interesting race, who from the location of their habitations have been called the Cliff Dwellers.

A great variety of pottery has been unearthed which had been used in preparing and serving their food and in carrying water. Many specimens of cloth, among which is a cloth made of feathers that was used as a covering in the burial of their dead, also grains of yellow corn, have been found among the ruins.

It is generally accepted that the Cliff Dwellers tilled the





*Skulls from Cliff Dwelling ruins—Mesa Verde National Park*

soil and domesticated the wild turkey and there is no doubt but that their resourcefulness gave them a fair variety of food even in this arid country where they lived.

Whether they gave up the struggle of existence and moved to more fertile pastures or were driven out by hostile foes or deserted their homes for other reasons, we do not know. The years of their occupation of this part of Colorado has been quite definitely fixed by A. E. Douglass, Sc. D., appointed by the National Geographic Society. Dr. Douglass made a very exhaustive study of the growth rings of trees, as found in the timbers and charcoal in the old ruins, and fixed the age of the occupation of the Mesa Verde

at 1073 to 1262 A. D.

No doubt what will be of most interest to the dental profession is the preservation of numbers of skulls of these people, a splendid collection being on exhibition at the State Historical Society Museum in Denver.

Some observations have been made,\* but you might wish to see for yourselves, so if you visited Denver we hope you did not fail to reserve a few hours for inspecting not only the skulls, but also the pottery and relics of this ancient American race.

We do not know much about the food of these people. It is hardly likely that they had their orange juice every morning or that they had cod liver oil and calcium when indicated, but they

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must have had a well-balanced diet and doubtless plenty of sunshine as almost every case shows broad, strong jaws with regular teeth, scarcely any decay, and not a sign of imperfect enamel. They evidently started out in early life well equipped to masticate anything in the way of nourishment that presented. A large number of skulls are flat in the occipital region, due to the custom of strapping the babies to a board and some think this accounts for the broad jaws, which is something for the orthodontist to ponder.

The teeth do not show any evidence of mutilation either for adornment or religious or superstitious rites, as is the case with some primitive races. If they had any dental assistance it was only in the removal of offending teeth, which was evidently done with very little breaking away of surrounding bone.

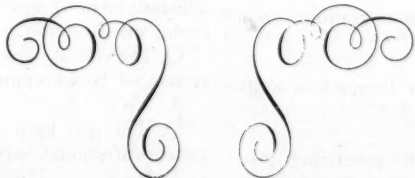
The teeth all show a great amount of wear on the occlusal surfaces, no doubt due to the amount of grit in the corn which was ground by crushing

between stones.

The alveolus around the bicuspids and molars shows considerable absorption and in the older skulls there is a marked evidence of pyorrhea.

Another interesting observation was how few of the anterior teeth were diseased or missing during life, which might mean that these people were peace loving and did not engage in any of the games or exercises of the present day. One would rather expect that a simple living race with such splendidly developed, regular jaws would have large, normal third molars, but in many cases examined these had not erupted and some were of the one cusp variety. Radiograms of these areas would be interesting.

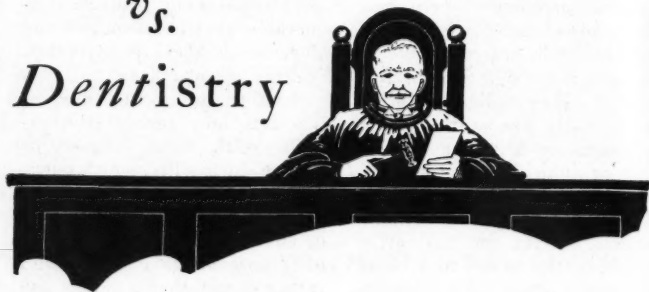
This seems a splendid opportunity for dental research where so many specimens are available and the teeth may prove a key to an understanding of many of the conditions existing at this early date. We hope many will become interested and help solve the riddle of how our country looked "when these bones were fresh and young."



# Dintistry

vs.

# Dentistry



By Bland N. Pippin, D. D. S.

## PART II

(Continued from August ORAL HYGIENE)

### *Scrupulous Incompetent Dentist Takes the Chair*

Scrupulous Incompetent Dentist, under oath, questioned by Counsel for Plaintiff, testified as follows, to wit:

Q. What is your full name?

A. Scrupulous Incompetent Dentist.

Q. Where do you live?

A. In every city and in nearly every town in the civilized world.

Q. Are you a graduate of a dental college?

A. I am.

Q. You are licensed to practice Dentistry?

A. Yes.

Q. Are you practicing general dentistry or a specialty?

A. General dentistry.

Q. Do you consider your vo-

cation a business or a profession?

A. A profession.

Q. Do you find any need for business training in your profession?

A. Yes.

Q. Were you ever engaged in business before you began practicing your profession?

A. No.

Q. Do you keep books on the business transactions in your office?

A. Yes, I employ a woman assistant who keeps the books under my direction.

Q. Do you use any particular system of bookkeeping?

A. No.

Q. Do you keep records of your professional services?

A. Yes.

Q. Do you keep records of your financial transactions sepa-

rate from your service records?

A. Yes.

Q. Were you given a course in bookkeeping in the college from which you graduated?

A. No.

Q. Were you taught anything about keeping service records in the college?

A. Yes, I kept the college records of my clinical work.

Q. Did you keep the records of the financial part of your clinical work?

A. No.

Q. Were you taught anything of what fees were proper to charge for the character of services you rendered in the clinic?

A. No, not specifically.

Q. Did you become familiar with the fees that were charged in the clinic?

A. Yes, somewhat.

Q. Were you given any instructions as to what your fees should be when you engaged in practice as compared to the college fees?

A. Only in a general way.

Q. What were you taught, if anything, as to what should be the basis upon which to make your charges?

A. The character and quality of the service, the time required, and the expense necessary to render the service, and the ability of the patient to pay.

Q. Have you estimated the amount you have invested in your profession?

A. Yes.

Q. Have you computed the

expense of conducting your office?

A. Yes.

Q. Have you estimated what your time is worth per hour on the basis of your capital invested and the necessary expense to conduct your practice?

A. Yes.

Q. How many hours a day



*Scrupulous Incompetent Dentist takes the chair.*

do you devote to your office?

A. On an average of eight hours.

Q. Are you busy all the time during your office hours?

A. Well, most of the time.

Q. How many patients do you treat per day?

A. On an average of fifteen.

I have treated as many as twenty-five in one day.

Q. Have you determined whether or not you do realize the amount you have estimated you are entitled to?

A. Yes, I find that I am making only about one-half what I feel I am entitled to.

Q. Have you considered taking any steps to increase your income?

A. Yes, I am seriously considering taking a course in Dental Economics.

Q. In what way do you think a course in Dental Economics will aid you to increase your income?

A. I am told I can obtain a system of bookkeeping and a business training that will encourage me to get paid for everything I do and charge higher fees.

Q. You feel that you are underpaid for your services?

A. Oh yes!

Q. Do you employ business methods of salesmanship in selling your services to your patients?

A. Yes, to a certain extent, but I do not believe I am employing the most effective methods.

Q. Have you a modernly equipped office?

A. No, I need to rearrange my office and put in some new equipment.

Q. Do you think taking a course in Economics and modernizing your office will assist you in rendering better service?

A. Yes.

Q. Do you think Dental Economics should be taught in the dental colleges?

A. Yes.

Q. Do you think Dentistry, as an organized institution, should demand the teaching of Dental Economics in the colleges?

A. Yes.

Q. Do you think that your profession is derelict in its duty and shows indifference to your financial welfare by not encouraging better business methods in its practice?

A. Yes.

Q. Do you think if your profession, as an organized and scientific institution, should encourage concerted movements of a businesslike nature for increasing dental fees that it would benefit you individually in a financial way?

A. Yes.

That's all.

Scrupulous Incompetent Dentist, on cross examination by Counsel for Defendant, testified as follows, to wit:

Q. You say your name is Scrupulous Incompetent Dentist?

A. Yes.

Q. Why are you named Incompetent?

A. That is a family name on my mother's side.

Q. You are a brother of Scrupulous Competent Dentist?

A. Yes.

Q. The "In" of Incompetent is the only difference in your name and that of your brother, Scrupulous Competent, is it not?

A. Yes.

Q. In spite of your name Incompetent, do you not feel that you are just about as competent as Scrupulous Competent?

A. Well, no. He is thoroughly

competent and I am partially competent.

Q. Do you think Scrupulous Partially Competent might have been a better name for you?

A. Yes, perhaps so.

Q. In what respect is your brother, Scrupulous Competent, more competent than yourself?

A. He is a better technician, and, on the whole, has more better scientific knowledge, is a better diagnostician, is better able to visualize and accomplish an ideal, uses better judgment, and renders more competent services than I am able to render.

Q. Do you try to render competent services at all times?

A. Yes. I do the very best I can. Some things I can do very competently.

Q. There are some things you are unable to do well?

A. Yes.

Q. In what phases of your work do you find yourself least competent?

A. I think in the technical phases.

Q. You mean you lack precision and the ability to execute exact detail in technical procedures?

A. Yes.

Q. You admit that your judgment in matters of dental treatment is not as good, on the whole, as that of your brother, Scrupulous Competent Dentist?

A. Yes.

Q. You admit that you are not as capable in diagnosis of dental diseases and their causes as your brother, Scrupulous Competent Dentist?

A. Yes.

Q. And you admit that you are not as thoroughly grounded in the fundamental sciences of your profession as your brother, Scrupulous Competent Dentist.

A. Yes.

Q. Do you think by diligent study and persistent effort you could improve in judgment and diagnosis and acquire as thorough knowledge of the fundamental sciences of your

profession as your brother, Scrupulous Competent Dentist?

A. Possibly I could.

Q. You could improve yourself in these matters, you think?

A. Yes, I think I could.

Q. You are in general practice, are you not?

A. Yes.

Q. Do you think if you studied to improve yourself and you should specialize in that phase of your work in which you find yourself most competent that you might avoid general incompetency?

A. Yes, but there are so many specialists already that I am afraid I could not succeed.

Q. You mean that you are afraid you could not succeed financially?

A. Yes.

Q. You say you are thinking of taking a course in Dental Economics?

A. Yes.

Q. Why are you thinking of taking such a course?

A. In order to put my practice on a better business basis.

Q. Does that mean you would raise your fees?

A. Yes, probably so.

Q. Would taking a business course make you more competent to practice?

A. Yes, I think it would.

Q. How do you think a business course would give you better judgment, or make of you a better diagnostician, or a better technician, or give you a broader knowledge of the fundamental sciences of your profession?

A. I would have the courage to raise my fees, and if I got paid more for my services, I would naturally spend more time and effort to render better services.

Q. Did you not say that you were already trying to do your best at all times?

A. Yes.

Q. You are scrupulous, are you not?

A. Yes.

Q. Then you mean that by raising

your fees you could do better work?

A. Yes.

Q. Then raising your fees would make you more scrupulous too, would it not?

A. Well, I don't know about that.

Q. If raising your fees and making more money out of your practice is all that is necessary to make a better dentist of you, you are not as scrupulous as your name implies, are you?

A. Well, I know I am underpaid for what I do.

Q. You feel that you are underpaid for your incompetent services?

A. All my services are not incompetent.

Q. But do you feel that you are underpaid for your services that are incompetent?

A. Well, my *aggregate income* is too low.

Q. But you do not answer my question. Do you or do you not feel that you are underpaid for your incompetent services?

A. It's rather hard to value an incompetent service.

Q. Is it not a fact that, generally, whatever fee is charged for an incompetent service is too much?

A. Perhaps so.

Q. Is it not also hard to value in dollars and cents a competent service?

A. Yes.

Q. Then, really, you do not feel underpaid for your incompetent services, but you do feel underpaid for your competent services?

A. Yes.

Q. Would it not be more logical and more in keeping with your scrupulous nature to first make yourself as competent as you can and then, if necessary, raise your fees?

A. Yes, I believe it would.

Q. And would it not also be in keeping with your scrupulous nature to raise your fees only on the services in which you find yourself competent?

A. Yes.

Q. Then if you could not acquire a general competency like your brother, *Scrupulous Competent*, do you not think you would be doing

a better service to your clientele to specialize in that branch where you could practice competently?

A. Yes.

Q. Have you ever thought of any plan by which your profession could be practiced so that each practitioner would be engaged only in that class of service in which he found himself competent?

A. No.

Q. As a general practitioner, what classifications of dental service do you recognize?

A. Preventive dentistry, curative dentistry, and restorative dentistry.

Q. What relation exists between these three classes of dentistry?

A. Preventive dentistry tends to make restorative and curative dentistry unnecessary. Restorative dentistry, in a sense, is both curative and preventive.

Q. Are you successful in practicing preventive dentistry?

A. Only partially so; to practice it scientifically and successfully requires a much broader knowledge of the medical sciences than I have.

Q. When is restorative dentistry both curative and preventive?

A. When competently practiced.

Q. If incompetently practiced, might not restorative dentistry become causative instead of curative?

A. Yes.

Q. As a general practitioner, do you confine your efforts principally to restorative dentistry?

A. Yes.

Q. If you are more or less incompetent in technical ability, how do you overcome your difficulty in rendering competent services where mechanical restorations are required?

A. I employ capable technicians for my prosthetic work.

Q. Do you find this method satisfactory?

A. Reasonably so. I believe, on the whole, better than if I did it myself.

Q. Are you a skillful operator?

A. I think I possess average skill.

Q. Then since you confine your efforts principally to the operative



part of restorative dentistry, it is in that part which you are unable to turn over to a technician where you find yourself compelled to rely upon your own ability, is it not?

A. Yes.

Q. If you are unable to improve your technical skill and your services of a technical nature are incompetent, do you think your patients are under obligations to pay your increased fees simply because you have been given courage to raise them?

A. No, I suppose not.

Q. Do you think all your patients will pay your increased fees?

A. Most of them will.

Q. What will become of those who claim they are unable to pay an increase?

A. They will drift to the clinics I suppose.

Q. Do you think some of them might drift to the offices of your Unscrupulous brothers?

A. Yes, probably so.

Q. Do you think some of them, who are financially able to pay an increase in fees, might seek the services of your brother, Scrupulous Competent Dentist?

A. Yes, my patients who are most able to pay are leaving me and going to him anyway.

Q. Then, is it not a case of scrupulousness and competency on your part that should entitle you to ask adequate fees to make your occupation sufficiently remunerative?

A. Yes, I suppose so.

Q. Are you a student of the literature of your profession?

A. I read some.

Q. Are there any texts on practice-building in the dental literature?

A. I do not know of any that I regard as being of much value.

Q. Have you read *The Practice Builder or Profitable Practice*?

A. No.

Q. Then do you blame your profession for your incompetency?

A. No.

Q. Then do you think your college by giving you a course in Dental Economics would have made you more competent?

A. No.

Q. Are you still of the opinion that it is the fault of your profession or the fault of the colleges that you are not financially as successful as you feel you are entitled to be as a professional man?

A. I do not know where the fault lies; I do know I have a hard time of it.

Q. Do you suppose if you were to talk your difficulties over with your brother, Scrupulous Competent Dentist, that you might together work out a plan by which you could practice competently to your better satisfaction and financial benefit and the public be better served?

A. Perhaps so.

Q. Had you ever thought of appealing to Congress to pass a relief measure in your behalf?

A. No.

Q. You do think you need protection, do you not?

A. Well, I'm getting tired of free trade.

That's all.

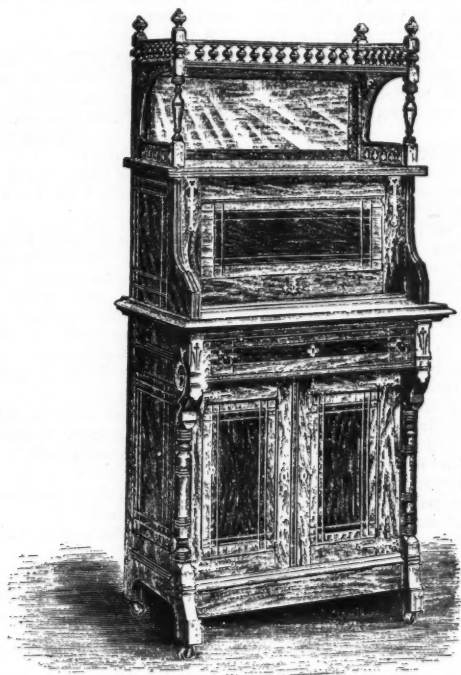
(To be concluded in October issue)

#### WHAT WILL THE VERDICT BE?

All the evidence in this unusual professional trial will be concluded in the October issue. You will be a member of the jury to decide upon this important matter of dental economics. Save this testimony, together with that which appeared in the August issue of ORAL HYGIENE, and be prepared to give your verdict.



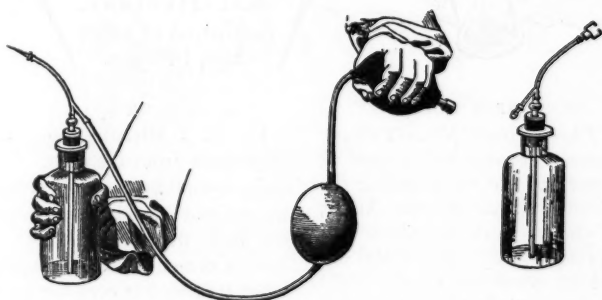
# ORAL HYGIENE



This very lovely dental cabinet was all the vogue in 1881. If you had been practicing then, you would have felt pretty modern as—stroking your curly beard—you contemplated this evidence of your prosperity and elegant taste.

Patients must have been brave boys a half century ago when “Dr. Richardson’s Apparatus for Producing Local Anesthesia by Narcotic Spray” was trotted out to produce “painless” dentistry. This device employed “Rhigolene,” whatever that was, and concentrated sulphuric ether. (*See top of opposite page.*)

# ALBUM



"This lathe is acknowledged by good judges to be far superior to any dentist lathe ever before offered to the profession," said the manufacturer of "Griswold's New Empire Lathe," who also warned dentists that "it is capable of being run with great speed" and admitted that "it combines beauty with all the good qualities that can be got in a lathe." That was in 1866.

[From the collection of Dr. Leif Underdahl, Portland, Ore.]



# Tempus FUGIT



From the second  
September issue of  
ORAL HYGIENE,  
published 18 years  
ago, in 1912.

## ANN ARBOR ACTIVITIES

*The Detroit News-Tribune* recently devoted half a page to a story of the work among the school children of Ann Arbor, Mich., a work in which Dr. Anna Dieterle, the dental inspector appointed by the board of education, has been especially efficient. Dr. Dieterle has stirred up a greater interest in mouth hygiene than Ann Arbor formerly believed possible, and although permissive inspection is as far as the work has yet advanced, the start is a most propitious one.—*Editorial.*

## A NEW JOURNAL

*The American Dental Journal*, after some years of vicissitudes, makes its appearance in a brand new dress and under new ownership, editorship and publishership. Dr. Bernard J. Cigrand has bought it and announces himself as editor, publisher and proprietor. The first issue under the new regime is interesting, bright and somehow different. Dr. Cigrand brings intelligence, learning and experience to his work and should succeed. Here's hoping he will.—*Editorial.*

## US

Dr. E. P. Beadles, our correspondent from Danville, Virginia, compliments us by saying we are not afraid to say what we think, or words to that effect. Correct, Doctor! Saying what I think has ever been one of my specialties. It was the fear that I would say what I thought which induced certain eminent gentlemen, prominent in the National Dental Association at that time to keep me out of the organization meeting of the Dental Congress at St. Louis a few years ago. They schemed, connived and one white-haired gentleman even prevaricated, in order to keep me from getting in to the meeting before the organization was perfected. And the joke of it was that having already said what I thought about it, and said it quite thoroughly, I had dismissed the matter from my mind and had no more thought of opposing the "steam roller" than the several hundred other complacent gentlemen who were admitted, presumably because they were not reputed to "say what they thought."—*Editorial.*

# Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND  
GEORGE R. WARNER, M.D., D.D.S.,  
1206 REPUBLIC BLDG.,  
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

## *To Desensitize Teeth*

*Q.*—In what manner would it be advisable to desensitize two anterior teeth (upper right lateral and cuspid) in which there seems to be an erosion on the labial surface, without producing any change in color?—E.R.I.

*A.*—Sensitive areas in the cervical region of teeth can be treated successfully without discoloration by the use of either zinc chloride or formaldehyde. If you wish to use zinc chloride the following formula is very satisfactory:

Zinc Chloride	3 drams
Tr. Iodine	3 drams
Aqua Dist.	3 drams
M. Sig.	Apply to sensitive areas.

In either case the area should be blocked off, the tooth surface dried and the desensitizing solution rubbed into the dentine

with an orange wood stick. Ordinarily not to exceed three applications will overcome the sensitiveness; then in connection with this treatment the occlusion should be adjusted so that the teeth are not in traumatic occlusion.—G. R. WARNER.

## *Space Retainers*

*Q.*—A little girl, only two years old, fell and knocked a central incisor entirely out of her maxilla. Would you consider it necessary to insert some sort of appliance to hold the space until the permanent tooth appears or do you think this unnecessary in this location? If you think a space retainer is advisable would you please suggest the form it should take?—E.C.D.

*A.*—It would be best not to attempt to retain this space at this time, but to check on the

case again at the age of five or six, and if the jaw is not expanding sufficiently to provide room for the permanent incisors to erupt normally, the expansion should be stimulated orthodontically with an expansion arch.—V. C. SMEDLEY.

### *Immediate Denture Service*

*Q.*—I would like very much to know the technique in immediate denture service. Does it excel the method of waiting for resorption to take place? When should it be followed?

I have noticed of late that quite a number of my patients complain of a general systemic ill-effect after the injection of novocain. It generally starts the day after the injection and lasts from two to seven days. I like to use local anesthesia and dislike very much having this trouble. What would you advise me to do?

Does novocain cause more post-operative pain in case of extraction than does nitrous oxid?

If this is too much to ask I will greatly appreciate the answering in part.—F.W.C.

*A.*—I believe that immediate denture service is preferable in every case to the practice of waiting for resorption to take place before supplying dentures.

In fitting immediate dentures, the process should invariably be surgically trimmed, more or less as the case requires, to produce favorably-shaped bases for the dentures. I fre-

quently make a Graft's base plate with modeling compound occlusal planes to insert either before the patient leaves the office or the next day.

These temporary base plates serve to support the jaws from strain at the temporo-mandibular joint, to prevent collapse of the cheek and lip tissues, to assist in molding the ridges to proper form and perhaps the most important function of them is to accustom the patient to wearing something in the mouth, which, as a matter of fact, is usually so much less desirable than the plate is when they get it that they take to the plate with gratitude and satisfaction.

We usually are ready to insert the finished plate in two or three weeks after the extraction. In some cases we make the impression and bite before the teeth are extracted, cut the teeth off the cast one at a time and set the selected porcelain teeth in their respective places. The cast should be trimmed to correspond to the process trimming that will be done at the time of extraction. By this procedure the plate is completed and inserted immediately following the extraction.

I know of no reason for the systemic ill effect that you describe following the injection of novocain. If it is only following injections for extraction, the disturbance might be caused by the absorption of toxins.

There should not be any more post-operative pain follow-

ing novocain than nitrous-oxid anesthesia.—V. C. SMEDLEY.

### *Rickets*

*Q.*—I enjoy reading your section of ORAL HYGIENE entitled "Ask ORAL HYGIENE." I have a difficult, but probably not uncommon case. If possible I would like to receive information concerning the treatment of this case. I will attempt to describe it as best I can.

I have a thirteen-year-old patient who had rickets. The enamel on certain teeth is lacking almost entirely in areas. The teeth affected and the amount affected are as follows:

All first molars, occlusal one-half of crown; all central incisors, incisal one-half of crown; lower lateral incisors, incisal one-half of crown; upper lateral incisors, incisal one-fourth of crown; all cuspids, incisal one-fourth of crown, (the tip of the cusp).

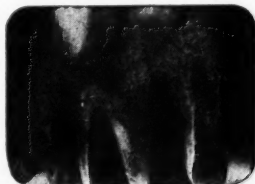
If possible, I would like to receive information first hand, as the molars are bothering the patient some at present.—M.Q. B.

*A.*—The case which you describe is due to a profound disturbance of metabolism during the period of formation of the enamel of the teeth mentioned. The absence of such a large portion of the enamel indicates a long period when the calcium balance of the system was in the negative phase. This of course is shown also by the rickets of which you speak.

The teeth of your patient should be radiographed to determine the size and position of the pulps. It is possible you could put gold jacket crowns on the molars to replace the missing enamel. If the pulps are too near the surface to allow of this procedure you can paint the exposed dentin with silver nitrate and precipitate it with eugenol, which will probably keep the teeth comfortable until the pulps have receded enough and the dentin has become dense enough to allow operative repairs. The incisors and possibly the cuspids can have porcelain jacket crowns made a few years later.—G. R. WARNER.

### *Root Fracture*

*Q.*—Enclosed you will find the x-ray of a case that I came across lately. In the picture you will notice that there is a fracture in the root of the upper right central. The subject states that when he was a boy of ten he was kicked in the mouth by a horse. The patient is now 40 years of age.



The x-ray also shows a lack of development in the tooth next to it.

The central shows vitality



when checked with the ice test and also with the electric pulp tester. It does not appear to be at all loose, and has never bothered the patient.—G.L.W.

A.—The case presented in your letter is certainly most interesting. You may probably recall that the *Dental Items of Interest* presented a number of root fracture cases a few years ago in which all of the teeth tested vital. However as I recall there was no history quite as interesting as your case.

Thank you very much for presenting this case and for the good radiograph to substantiate the fact of the fracture.—G. R. WARNER.

### "The Wrong Idea"

Here goes a little philosophy regarding "The Wrong Idea" as written by the fellow in the small town of 3,500.\*

The office girl, of which I have had many satisfactory ones during the past ten years, brings in nothing in the way of patients, that is to say, directly. If she answers the phone nicely it will keep none out; if she is pleasant it will not repel those who come to the office. It is a pretty good idea to have one that is good looking and young as "a thing of beauty is a joy forever."

Having a girl to sit around with fifty bucks a week coming in is pretty tough and don't ever get it into your head that this fellow is probably a bum

dentist. He may be very good as that has nothing in the world to do with success.

I know some good ones starving to death and bums making a wonderful living at dentistry. Take one branch of dentistry which is profitable, removable bridgework; how much do you have to know to take an impression and send it to a laboratory from which it comes back a beautiful job? Pardon me, I should say "restoration" for expensive work.

Now would it not be nice if you or I could sell ten of them a day with nothing to do but to take an impression? Takes no brains at all to do it but it does take something to sell them—but that is not dentistry.

Dental economics, a beautiful phrase but what is it but salesmanship, plus telling dentists who do not know the first thing in the world of practicability, how to stop running around in circles and I guess there are a lot of them, from what patients say, as to the length of time and number of visits to get a two or three dollar filling inserted.

Now here is a phase that our friend L. P. C. has not stopped to consider. This little high school graduate without a doubt in the world goes home and tells mamma about nothing doing today; next day three or four bucks; "My, but it sets me crazy with nothing to do, etc." Mamma blah-blahs over the fence to the neighbor; the neighbor passes it along etc.

\*P. 1262, June, 1930, ORAL HYGIENE.

This stuff is all true whether this fellow is in Maine or New Mexico as the people are alike all over the world excepting in China or Japan and *they* do not talk much.

When you go to a town to practice dentistry no one will know but the dentist if it is dead, unless he tells them, so why have a girl about to spread it around?

The most beautiful girl in the world would not bring in a dime a year from friends' work; why so? Very simple. When you go to get something, would you not rather look around or phone and find out the cost (shopping)? When you just go to look, and the girl is a friend, does little boy-friend want to have her looking into his mouth, or to pay a few dollars a week, or to stand his dentist off until payday, or say that he cannot sign a check or give a thousand reasons that the average dumbbell has not taken the time to figure out? That is why they do not come where the friend works and nothing else but!

I have a wife who is just about as popular as any woman in the world and that is going some. Every person who has ever met her still likes her; she just has a gift of getting along with people. When I first started to practice I would have thought that would be a great thing to help along—but just forget it; it has never brought in one single patient.

I might also add that I never get a dime from people that I

meet out at lunch or anywhere. I'll be damned if I know what it is but I am nix on impressing them outside but, believe me, when I get them into the office and the chair I get them and make them like it.

They have no doubts at all if I can do the job. No sir! It surely is a funny proposition, making a success.

It takes more than ability. Personality has more to do with it than ability. I would rather have, from the standpoint of success, more personality than ability, as it pays better and no one can dispute it.

If what you do depends on yourself alone, like being a blacksmith, or a portrait painter, it would depend on your efforts alone—but how much do you have to know to make a filling stay in?

L. P. C. is in a college town of 3,500. Who lives in college towns? A lot of nice genteel people that are not so good as patients. Usually retired people of advanced age in these small towns. Living on past investments that are not paying much dividends today. The children have moved away to the city and for those who are getting anything done, this is the procedure:

Patient walks in feeling important (all of this type feel that way) shakes hands, with the usually boloney, the dear doctor does a little work with the usual blah, plus a little cotton, etc., and after coming a few times to make it look like the job is "very difficult, an

unusual case, Professor Jones," said Professor or retired farmer or merchant says, "Send me a bill," and then you get it eventually. Oh, no, it would be undignified for these birds of genteel tastes to pay immediately, and then again it would be so unprofessional for a dentist to accept any money direct!

This lets me out as I like to see it: give them immediate and good service and the work is right after the patient leaves the office. They don't want this handshaking stuff as it makes them sick; I am now speaking of about ninety million Americans. Give me the rank and file, as there are more of them. They want results and cotton-changers are taboo.

L. P. C. should take about two hundred dollars and move tomorrow to the nearest town where they have some industries or, what is the matter with going back to the other burg where he made \$500 a month? He can go back; others have done it. Pride is a curse sometimes.

About twelve years ago, when my brain must have been dead also, I pulled a boner and went to one of these rube towns and made exactly eight bucks in three weeks. I had the place looking nice and pretty and I had been married several months. I also had just two hundred dollars left and came back to the same town I had left only three weeks before and opened on the main street of the town. The first week I returned I took in two hundred

dollars and I wondered why I had been such an idiot to go to that little burg.

Tell L. P. C. to go back to the other town and get busy and to get a few books on salesmanship and read them—G. E.C.

### *Sensitive*

*Q.*—Your column, which I read regularly in the ORAL HYGIENE magazine, has always been a very enjoyable and helpful one to me. Now I myself have a patient whose oral condition is very puzzling to me, and I wonder if you could offer any suggestions for further treatment.

The patient is a woman, 57 years old, and has a chronic arthritic condition, with the usual result of that condition—an excess of uric acid. She is on a strenuous acid-free diet.

The patient wears a full upper denture, but has most of her own lower teeth. For quite some time I have been treating the lower six anteriors for an extremely sensitive condition. There is some gum recession, exposing the necks of the teeth. The x-rays, however, show the lamina dura to be unbroken. There is no traumatic occlusion, the lower anteriors do not touch the denture. The patient complains of excruciating pain on thermal changes and when eating sweets.

I have treated these teeth by (1) rubbing on a 39 per cent solution of formalin and bur-nishing with warm instrument,

(2) with nitrate of silver (precipitation method), (3) with zinc oxide, eugenol and silver nitrate crystals incorporated into a paste and packed against the teeth with a protective metal covering. I used this last treatment a number of times. I am now going to try treatment with a saturated solution of zinc chloride.

Is there anything else that might prove helpful that you can suggest? I shall be very grateful for any help you may be able to give me.—A.J.N.

A.—The case which you present is surely an unusual one and I don't wonder it puzzles you.

I know of no local treatment for sensitive teeth other than those you have used. Dr. Merritt, of your city, advises the application of formalin by saturating a wooden point, drying it so there will be no excess of formalin, and then rubbing the sensitive areas for several minutes with this wooden point. This method has proved satisfactory in every case in which I have tried it.

It is quite possible that your case is one of disturbed metabolism, a negative calcium balance or some condition of the system which is inducing this extreme sensitiveness of these teeth. It might be wise to have a blood chemistry done so you will know how to proceed in the treatment of the condition. As you know, low calcium is very apt to cause sensitiveness of the

dentin and bleeding of the soft tissues.—V. C. SMEDLEY.

### *Orthodontia Needed*

Q.—Patient seven years old presents herself with four perfect six-year molars and two lower deciduous centrals missing, with two lower permanent centrals protruding but coming in very crooked. What shall I do; extract laterals to allow more room for centrals?

Shall I allow permanent teeth to come in crooked? What do you advise?

The deciduous teeth are much too small for permanent space needed. What can be done when deciduous teeth do not leave enough space for permanent teeth?—E.T.K.

A.—This patient needs orthodontia. I am convinced that it is the proper procedure in such a case to place the necessary bands and expansion arches on the deciduous teeth to expand the arches sufficiently to provide space for the permanent teeth to erupt in their normal positions.

Of course even then it is possible for the permanent teeth to come in irregularly, but if so the amount of correction that they will require will certainly be much less than if proper space had not been provided before their eruption.—V. C. SMEDLEY.

# "Will you LOAN me Teeth FILLING?"

when may i  
come. I need three teeth fill-  
ed. i will be ready to come.  
any day next week. or the  
second <sup>week</sup> after. will you  
loan me teeth filling untill  
i get enough money to  
pay you. quick as i  
can get the cash in  
five months will  
you tell me what you can  
DO. What is your price

On filling three ~~teeth~~ teeth.  
This weather is bad on  
every one of us this year.  
if you can do me a favor  
by loaning me tooth fill-  
ing. untill i get the change  
quick as i can. I will try  
to pay in five months  
or i will pay quick as  
i can get the change.  
I think you can get through  
in 30 minutes. i think  
you can get through in  
15 minutes I will try  
to come up on the BUS.

in the morning i will  
want you to commence  
filling my teeth at one  
O clock. i think <sup>you</sup> can get  
through in 15 minutes.  
I want kind of teeth fill-  
ing. that you can't white  
filling you get to put <sup>in</sup> fillings.  
I think i know the filling  
it is the kind you can get  
through in 15 or 20 min-  
utes easy my teeth got  
tested by <sup>you</sup> w<sup>o</sup> eating.  
all right. know sir  
When i get my teeth

filled now or sooner.  
I will be all right.  
I think i can get to was-  
chulla at 12 O clock will  
you be ready at one O clock.  
What day. What date  
may i come. will close.

Yours truly

Many an ORAL HYGIENE reader has received quaint letters like this one, from which names have been deleted. There's something almost tragic about it—about all such letters and the poor, pinched minds they reflect, the minds of men and women living constantly under the great thumb of poverty—and squirming clumsily in the effort to cope with minor emergencies.

# International Oral Hygiene

*Translated and Briefed by Charles W. Barton*



*Germany has installed a complete dental office in an automobile for the rural communities.*

## FRANCE



Dr. Th. Raynal, of Marseilles, has made a very thorough study of dental conditions among the school children, between the ages of seven and thirteen years, in the primary schools of that city. The re-

sults of his examinations are appalling. Of a total of 1,332 children examined only 121 showed healthy teeth, the remaining 1,211 presenting multiple decay. The 1,211 children that possessed carious teeth gave a total of 5,288 decayed teeth and which required urgent attention. 104 children showed poor tooth development, 18 had facial deformities, and 20 showed periodontal disease. Only 80 children had their teeth looked after by dentists.

These figures corroborate those given a great many years ago by Magitot, Redier and Chervin, and would go to show

that oral hygiene, at least in Marseilles, has made precious little, if any, progress during the last few decades.

*La Semaine Dentaire,*  
No. 6, 1930.

## GERMANY



In an essay entitled "Nutrition and Dentition," Dr. Eva-maria Blume, of Wiesbaden, points to a curious fact which, if correct, would prove that there may be a blessing even in war, at least for the harder-pressed nation. The author states that an analysis of the figures obtained by Dr. Wimmenauer, of Offenbach, demonstrates the surprising truth that among 30,000 school children examined by him those showed by far the best teeth who were born in the years from 1914 to 1916, and whose tooth development took place during the worst and leanest years of the war.

Dr. Blume, unfortunately, rides a nutritional hobby, viz., sugar and whole-wheat bread—the former being the mule and the latter the racer. She ascribes the better dentition of the "war babies" to a lack of sugar

and to the coarse fibre of the war bread.

The author is somewhat off in her literary studies also when she states that "what the German dentists and food reformers are aiming at in order to eradicate the evil of dental decay comes today to the forefront also in foreign countries, especially in England and America."

The fact of the matter is, however, that Howe, the Melanbys, Price, McCollum and Simmonds, and many others have been leaders and pioneers decidedly more than followers.

*Zeitschrift Fuer Zahntechnik  
und Zahnheilkunde,*  
January, 1930.

\* \* \*

Dr. Schrickel, in charge of the municipal school dental clinic in Bochum, extolls the merits of automobile or otherwise ambulant school dental clinics. To begin with, the element of time is of considerable importance, just as much as the efficiency of the dental service and the safety of the children. If the children must leave the school for certain lengths of time in repeated intervals to go to a dental clinic situated at some distance from the school, they will miss a more or less important part of their instruction.

Children walking through the streets of a busy city are naturally exposed to dangers from traffic. If public means of communication are used by them,



the question of expense arises. And finally, the children cannot always be depended upon to appear regularly for the visits at the clinic, with the result that the operation of the entire institution is to a certain degree disorganized. These disadvantages are conspicuously absent from the ambulant dental clinic on wheels, whether horse-drawn or motor-driven. Also, such a dental clinic will not suffer from irregular attendance on account of bad weather.

*Correspondenz-Blatt für Zahn-  
ärzte, Number 4, 1930*

\* \* \*

A further panegyric on the school dental clinic on wheels is sung by Dr. W. Franzheim, who describes in detail the really excellent automobile school dental clinic of the city of Cologne. This automobile clinic was put into commission in October, 1929. According to the systematic treatment of school children, only the lowest grade is at present being treated. The ambulant clinic serves 59 schools. After three months the pupils of the lowest grade of 24 schools were examined and treated and their teeth put into perfect condition. The splendid result obtained is further illustrated by the high percentage of 96.7 per cent of children so far put into perfect dental condition. Only .95 per cent of the parents did *not* consent to having their children's teeth attended to.

*Zahnärztliche Rundschau,  
Number 15, 1930*

## CANADA



The Canadian Dental Hygiene Council is carrying on, this year, a mouth health campaign in the Province of Alberta. Not only the government, but also the practitioners of the province and the daily press have lent their support to this campaign which is organized under the auspices of the dental profession of the province.

Through the generosity of the Canadian Life Insurance Companies, who have contributed \$8,000 to the work this year, it has been possible to print a large number of booklets. Approximately 91,000 copies together of six different publications have been shipped to Alberta for use in this campaign.

Four large films and twenty-five short trailer films have also been sent out. In addition to all this material, the Alberta Department of Health has printed and distributed 50,000 booklets of their own, being ready to supply 25,000 more if needed. The Department of Education is supplying 100,000 mouth examination blanks for use in connection with the free mouth inspection of school children.

The inspection is carried out by the dentists of Alberta, each one giving two days of his time as a contribution to the campaign. The government broadcasting stations have been made available for a series of radio talks. Meetings have been called which will be addressed by various lecturers.

Altogether, the means put into operation during this campaign are so numerous and complete that it will not be surprising to see remarkable results recorded. ORAL HYGIENE will duly report on what has been achieved by our progressive neighbors.

*Oral Health,*  
April, 1930.

\* \* \*

In these days the study of dental economics is being very strongly stressed, but many are convinced that more good can be accomplished, and greater financial returns to the dentist gained, if each dentist could get the vision of what preventive dentistry really means and make a practical application carrying that vision into his everyday work. Preventive dentistry means, first of all, careful attention to diet during pre-natal life and the first seven years of childhood. Then, faulty occlusion should be corrected as early as possible. And frequent and careful mouth examination for every child commencing at two and a half years of age, and proper instruction and education in efficient oral hygiene

measures, will complete the picture.

*Dominion Dental Journal,*  
May, 1930

## BRAZIL



In the free dental clinic operated by the Dental Association of Campinas, in the month of February, 1930, 304 dental treatments were carried out. There were 65 old patients, and 13 new patients. 52 patients were dismissed after complete treatment, and 26 were carried over for the next month. Of the total of 304 interventions, 22 only were extractions.

\* \* \*

It is hard to say whether we are returning to antiquity or developing so rapidly that it is hard for the average person to keep pace with progress. Kitchen salt, for a long time nothing but kitchen salt, seems to be elevated again to an exalted position, inasmuch as it is claimed that it is, if dissolved in water, an excellent mouth wash after extractions. It is claimed that kitchen salt is a mild, economical, antiseptic dentifrice which will cleanse teeth more efficiently than anything else.

*Boletim Odontologico Paulista,*  
February, 1930

# "Dear Oral Hygiene—"



"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

## *Dental Economics and the Patients*

In looking over the June number of ORAL HYGIENE, which is so welcome at my desk, I found two articles, one by Albert W. Hiller, D.D.S., Fort Worth, Texas, and the other by Archibald C. Thompson, D.D.S., F.A.C.D., Detroit, Mich.—affirmative and negative on the very live subject of dental economics.

The thing that struck me most in reading over the two papers was, it seemed to me, the failure of either to get to the bottom of dental economics from the vital standpoint.

As in the recipe for a rabbit stew, the first thing is to catch the rabbit, and herein lies the basis of dental economics—for the first thing is *getting the patient*.

From the standpoint of Dr. Hiller, I gather the thought that we are being opposed in our effort to get dentistry in better financial condition, by men who have been steeped in dental ethics so long they fail to see the need of some change

in presenting the value of a healthy oral condition—as the man failed to see the forest on account of the trees—and, on the other hand, we are opposed by those who fear to make a change lest they lose what they have gained, through ignorance to a great extent on the part of the public—the feeling that should the public be well informed as to the value of constant and *early* dental services, the dental profession would soon be idle.

With all the best-known systems of management applied to a dental office, and a small percentage of the public entering it for services, we haven't applied economics—nor can such an office render great public health service even though manned by a first-rate dentist.

If the patients who apply for services apply only when oral cavities are in such condition as to make extractions and large restorations imperative, even though we may make our dental patchwork of some use to them for a while, the time will come when this will have to be

replaced by another effort—and finally dentures.

But, on the other hand, if the public were made mouth-conscious they would come for professional services at short intervals, giving the dentist an opportunity to make the small necessary repairs; even though the office is not so wonderfully equipped a good dentist can render the best of services from the efficiency, comfort and health standpoints.

And here is where we will find our true dental economics. The needed restorations will be so small at each visit that the patient, in almost any walk of life, can afford to pay for the best of service, while the dentist can ask a good honest fee for the time and skill required in each case.

The most economical restoration for the patient and the most profitable fee for the dentist, in the long run, is restoration service given at the right time.

Dr. Howard Raper has repeatedly brought this to our attention. Service rendered at other than the right time is not the best service, no matter how well the operation is performed. Nor is the profession wholly free from blame when the public fails to seek its services before it is too late to render the best. I feel that we are more guilty of neglect by our omissions than by our commissions for the deplorable oral condition of the public.

Are the dental ethics of the profession being upheld by the

dentist—no matter how wonderful an operator he may be—by his sitting in a modern office and the public passing up the service he could render in the way of health and beauty, because of the lack of knowledge as to the best service and the most economical?

When a patient presents himself, and on examination you find it necessary to place an extensive restoration giving only small service as compared to good natural teeth, do you think of the mechanical wonder you are going to make for the case, or of the better service you might have rendered had you seen this patient at the proper time?

Would you rather have your own teeth well restored with small high-grade work than be forced to master the use of full dentures?

What has been the reaction in the minds of patients and non-patients when the medical profession has brought to their attention the defects and damage that our belated restorations have caused? Especially, should they know we have been withholding the knowledge that would save them from most of these dental woes; this on account of an inelastic ethical code?

What is the answer to these questions? Is it system in the office? Or management of the belated patient? Is it the acquiring of more skill and knowledge in our technic—while the people go without the knowledge they have a right to

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have—as to the economy to be derived from the frequent inspection of their mouths?

The greatest service to humanity is not rendered by one's knowledge but by the use of knowledge.

The discovery of electricity wasn't a great service in itself to the human race, but who will deny that the application of electricity to our needs has not been a great service? And all of this service had to be brought to the public's attention.

It is our duty to bring to the people's minds the service our knowledge can give—that they may receive the benefit.

The great question is: how are we to educate the public that they will grasp this idea, and yet not commercialize our profession?

Are we to continue to talk fees and classes of service at the chair, many times indirectly knocking a brother's efforts to gain a point?

Or are we going to separate the education of the public into a distinct department, so patients may be taught to recognize the different classes of dental service, knowing the limited possibilities of restoring neglected mouths to efficiency at great expense—as compared to the service that can be rendered so economically if constant dental service is sought?

The dentist should never be placed under the handicap of having to sell dentistry at the chair. I think this should be handled through organized dentistry. Hoping I have herein

dropped a thought that might at least start a discussion in a different direction, I offer this as a suggestion.—S. K. AVERY, D.D.S., *Goodland, Ind.*

### *Copies of "The Practice Builder," Available\**

I am herewith submitting a list of the names and addresses of dentists who have Doctor Hambly's book.

I trust there will be enough to go around.

"The Practice Builder" is a most amusing story, if you please, of Victorian methods of dental practice. Nevertheless, certain fundamental truths of life never become antiquated even though they are passed down from the age of the glacier and dinosaur.—S. J. BREGSTEIN, D.D.S., *Brooklyn, N. Y.*

Dentists from whom Dr. Hambly's book may be procured: Dr. Floyd L. Utter, First National Bank Building, Salem, Oregon; Dr. H. B. Denton, Virginia, Minn.; Dr. C. E. Fellman, Harvard, Nebraska; Dr. Peter C. Bronnum, Oliva Building, West Palm Beach, Florida; Dr. J. A. Taylor, Eldon, Missouri; Dr. Fred L. Jenkins, Villisca, Iowa; Dr. Will S. Hodgen, P. O. Box 557, Lebanon, Kentucky; Dr. E. M. Brite, 620 Main Street, Joplin, Missouri; Dr. S. King Perry, Jeanette, Pa.; Dr. C. J. Phelps, 411 Beringer Building,

\*Oral Hygiene, page 1253, June, 1930.

Saginaw, Michigan; Dr. A. A. Beck, Panora, Iowa.

\* \* \*

I have a "Hambly" bound in red leather and lettered in gold. Condition of book very good.—C. E. FELLMAN, D.D.S., *Harvard, Nebr.*

\* \* \*

I note that in the June ORAL HYGIENE three parties are asking for a copy of Dr. Hambly's "The Practice Builder." I have a copy for sale.—L. V. W. DUPUIS, D.D.S., *Mayville, N. D.*

\* \* \*

In your last two issues of ORAL HYGIENE, I see references to a publication "The Practice Builder" by Charles R. Hambly, D.D.S. In your editorial note you state that you have a copy printed in Cincinnati in 1897. I own a copy that I got a quarter of a century ago. It was printed by the American Dental Publishing Company of Bradford, Pa., in 1903 and was of the fourteenth edition. Inasmuch as it was printed some six years later than the copy owned by the ORAL HYGIENE "family" and as the place of publication has to have been moved, I thought perhaps the information might

aid some interested person in obtaining a copy.

With best wishes for their success in the search.—T. O. HUMPHREYS, D.D.S., *Caldwell, Ohio.*

### *Discipline*

Your editorial on "What Are You Raising Your Son to Be?"\* is somewhat out of the line of the usual dental publications but is a point well taken.

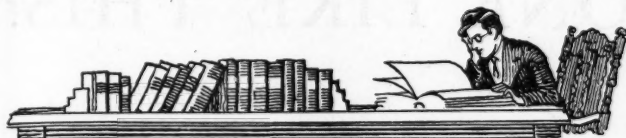
What is the matter with our teaching? Isn't the trouble in the "freedom" methods used in our modern systems? I may be a little old-fashioned but I do believe that a little more discipline in the schools would work out to our advantage and make for less jail fodder. Most children get very little discipline in the home and where both parents work they get no home life whatever, no discipline and hence no respect for others. I wonder how far an army would get without discipline?

Individualistic ideas are all right to a certain extent but when they tend to disrespect of their fellowmen, as well as their parents, it is time to use a little rigid discipline.—N. L. STENBERG, D.D.S., *Jackson, Mich.*

\*July, 1930, ORAL HYGIENE, page 1512.



# ORAL HYGIENE'S LIBRARY TABLE



## BOOKS REVIEWED FOR BUSY READERS

### *Dental Physical Therapy\**

By R. ALLEN GRIFFITH,  
D.D.S.

and THEODORE H. PERLMAN,  
D.M.D.

This book was intended to give the professional, or even lay person, who knows little about physiotherapy, an insight into the principles of this science. It serves this purpose well as the authors have carefully led up to their subject with a consideration and explanation of the elementary laws governing light and electrical energy.

The greater part of the book is given to a general discussion of physiotherapy equipment but the last four chapters deal with the technique and treatment of oral involvements. This includes its application in abscesses, both acute and chronic, pyorrhea, Vincent's infection and surgery of the mouth.

Dental physiotherapy is enjoying an increasing popularity and this book will undoubtedly fulfill a definite need as a text

and handbook for those desiring to apply its therapeutic properties.

### *Fundamental Principles of Alveolo-Dental Radiology†*

By JOSEPH A. POLLIA, M.D.

This is by far the most complete and comprehensive treatise on modern dental radiology that it has been our privilege to review. Dr. Pollia has worked on this volume for many years and the final result is a textbook that will not only meet the requirements of the student but will serve as a reference book for the radiodontist of long experience.

This book not only deals with the technique of taking radiographs but goes into their interpretation in a very analytical yet thoroughly understandable manner. It is profusely illustrated, having some 774 pictures. Dr. Pollia's book is recommended not only to the man who takes his own radiographs but to every practitioner because of its helpfulness in correct diagnosis. —T.N.C.

\*Physicians' Record Co., Chicago, Ill., price \$6.00.

†Items of Interest Publishing Co., New York, price \$8.00.



# *Have you ever encountered* **ONE LIKE THIS?**

*By A. E. Case, D.D.S., and Charles  
Sigmund, D.D.S.*

**P**ATIENT, woman, age 24, high school teacher, normal weight 138. Enjoyed perfect health up to 21 years of age. Naturally a very jolly, carefree, happy disposition.

Three years ago she was forced to give up school work because of extreme nervousness and headaches. These came on gradually, growing worse, spells coming oftener, until a severe attack came at intervals of every two weeks. Was treated by family physician, then by three specialists for a year. Two years ago severe pains in shoulder and neck developed and would last for periods of from two to three weeks.

Bromides, pain reliefs, heat treatments, treatments at several noted springs for neuritis and arthritis followed. Relief was only for short periods. Nine months ago patient seemed to be losing mind and was kept under close observation. Two months ago the muscles of

neck contracted, pulling head to right and forward. Soreness of the second molar on right side (side of impaction) brought patient in for examination. Examination had been made about a year ago at sug-

gestion of specialist in another city. X-ray shows what I found.

When picture was taken, patient weighed less than 90

pounds, having gone down from 138 pounds. Was very sullen, stubborn and cynical. Could open mouth fairly well, but twitched, due to nervous condition and contraction of muscles of neck. After a private talk with her for a half-hour, carefully explaining the condition, and that I felt we had found the cause of much of her trouble, she became insistent that I remove it at once. Next morning was the time agreed upon.

X-rays to determine the buccal and lingual location were not taken due to the nervous

## *The case history of a supernumerary molar and an impacted third molar.*

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*X-Ray showing position of teeth*

state, and exhaustion of patient. Jaw was blocked. Bone removed until the supernumerary third molar could easily be seen. Its removal was not difficult.

As you will note, the true third molar roots pointed to the lingual and the crown to the buccal, forward. I removed the buccal plate as far as I dared, below the middle of the crown. The bone tissue on the lingual was removed, a little over half of the crown. The lingual plate being thicker, I used the elevator from the lingual, elevating or rolling tooth toward the buccal.

No bone tissue was between the third molar and the main nerve and artery, and distinct pulsation could be noted after the removal. The pathological tissue seen in the picture came with the tooth. The second molar was removed as it was found much of the distal root was absorbed. The second mo-

lar was found to be badly exostosed, and all the process was removed around it, for, you will note, it would not have taken much pressure to have caused a fracture. Case was cleaned up and sutured.

Patient responded to the quiet talk given her and I found quiet, reassuring suggestions during the half-hour operation caused her to give us fine cooperation. She rested quite well the first night. The next day she could hold head up straight and only slight contraction of muscles of neck was noted. Patient said she felt as though a great weight had been lifted from her mind. In one month patient has gained 15 pounds and says she feels fine.

I would like to hear from others who have seen supernumerary third molars in the lower jaw, or about cases of deep impactions lying on the nerve.



W. LINFORD SMITH  
*Founder*

# ORAL HYGIENE

REA PROCTOR MCGEE, D.D.S., M.D.,

*Editor*

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

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## The Denver Meeting

FOR the first time in the history of the American Dental Association the meeting was held in a building that was exactly suited to the gathering.

The beautiful West Denver High School was given over in its entirety for the occasion. Here, a mile above the sea, was a structure that had been planned by experts in education for the easy handling of large groups of students, lecture rooms that were adequate in size and plentiful in number. Unlike many of the architectural monstrosities in which these meetings were attempted, here we had rooms for lectures and clinics where there was privacy, comfort, ventilation and freedom from any distracting noise. The great main assembly room was efficiently arranged for the general meetings and the House of Delegates was as happy in the Ball Room of the Brown Palace as it would have been in the State Capitol.

The attendance was a little less than usual because we have had so many financial wizards in our membership. Our sympathy goes out to a lot of good golf players who were on the wrong side of the market when it went down and then were on the wrong side again during the numerous recent fluctuations since that murderous day.

# Editorial Comment

As usual the best part of the meeting was the sight and sound of old friends. Everybody could recognize each other all of the time because Denver is a Dry Town. Of course there was a time in the earlier sinful frontier days when there was a suspicion of dampness, but that is neither here nor there.

We always think of Denver as a place where sick people go; it must do them a lot of good because nearly all of the men who did so much to make the nineteen-ten meeting such a success were just as active and hospitable as they were twenty years ago.

Denver is a wonderful city and the Denver dentists are a wonderful crowd and, besides, that is the town where Bill Mussey lives.

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## The Election

DR. MARTIN DEWEY, orthodontist of New York, was elected president-elect. The opposition was very weak.

Following in office two remarkable men—Dr. Boyd Bogle and Colonel Robert T. Oliver, the present president-elect will have a lively pace set for him.

The office of president of the American Dental Association becomes more difficult each year. It is the duty of every member of the Association to give his whole-hearted support to the incumbent. We can all help.

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## The World Language

ONE of the most surprising developments of the talking-moving picture is the rapidity with which foreign audiences are accommodating them-

selves to the English language as spoken in America.

The spoken word illustrated with the dramatic action and a suitable setting, is so easily understood that the speech, mannerisms and customs of America are rapidly encircling the world.

One of the important things in this peaceful conquest is the growing world-wide appreciation of the desirability of good teeth.

Movie heroes and movie heroines cannot officiate without good teeth. Enunciation without good teeth is hopeless. The world at large is learning this lesson thoroughly through the influence of the talking-pictures.

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### Dr. Edward H. Angle

In his beautiful home in Pasadena, Dr. Edward H. Angle died suddenly from a heart attack, on August eleventh.

He was born on June first, eighteen-fifty-five and had reached the ripe old age of seventy-five years. Seventy-five years of preparation, accomplishment and appreciation. Seventy-five years of eminently useful happiness; who could ask for a better fate?

He was the World's foremost orthodontist. His outstanding genius was recognized not only by poetry but by scientific men of every type. So long as orthodontia is practiced, the name of ANGLE will be famous.

His students are legion and all of the thousands who practice any form of orthodontia are his debtors. What he has done for childhood in the correction of facial deformity has produced incalculable happiness and content where otherwise these lives would have dragged on in mental anguish because of their peculiar facial deformities.



Drawn by the  
editor of ORAL HYGIENE

*Edward H. Angle*

The facial symmetry is of so much greater importance to the patient than is the correct restoration of occlusion, that, in my own mind, that very important factor comes last in the appreciation of the life work of this great genius.

We bid him farewell and God Speed after a long life well lived and with the firm conviction that if Eternity has no important work for him to do, then Eternity will be the loser.

# LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

"Why did you leave your last place?" the mistress of a fashionable home asked the prospective colored maid.

"Dey was too highbrow fer me," she answered. "Dey was always fightin' an' fussin', an' it sho' kept me busy runnin' from de keyhole to de dictionary, so Ah got mad an' quit."

Daughter: "I can't marry him, mother, he's an Atheist and doesn't believe in hell."

Mother: "Marry him, my dear, and between us we'll convince him that he is wrong."

"Well, dearie, I was elected."

"Honestly?"

"What difference does that make?"

While a surgeon was finishing an operation on a patient, a fire started in a warehouse across the street, illuminating the whole operating room.

"You had better pull down the shade," said the doctor to the nurse as the patient began to come to, "I don't want him to think that the operation hasn't been a success."

"You look very downcast."

"Yes, my wife has been away for six weeks and I wrote her every week and said I spent the evenings at home."

"Well?"

"She is back home now, and the light bill has come in—it's for 50 cents."

A Scotchman went into his room in a hotel. Seeing a clock on the wall he stopped his watch.

Joe: "Do you think it is unlucky to marry on a Friday?"

Bill: "Certainly. Why should Friday be an exception?"

Patient: "I believe I'm a little better, doctor, but I'm still short of breath."

Dr. Killyum: "I can stop that completely after a few more treatments."

"Why do you stare at me?"

"Father says you are a self-made man."

"Well, why stare?"

"I'm wondering why you made yourself like that."

Teacher: "Willie, where is Toronto?"

Willie: "Right between Davenport and Pittsburgh."

Teacher: "Where did you get that answer?"

Willie: "On our radio set."

A tabloid newspaper offering \$1.00 each for "embarrassing moment" letters received the following epistle:

"I work on an early night shift in a steel plant. I got home an hour early last night and there I found another man with my wife. I was very much embarrassed. Please send me \$2.00 as my wife was also embarrassed."

The editor, so we are told, sent a check for \$3.00, admitting the possibility that the stranger, too, might have been embarrassed.

Barber: "Wet or dry, madam?"

"Never mind my politics. Just comb my hair."